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Illustrations OF HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

ST. MARY'S HOSPITAL.

I. VAGINAL CYSTOCELE.

Under the care of I. BAKER BROWN, Esq.

WE had an opportunity the other day of seeing a plastic operation for an infirmity which, although it is, according to Mr. Brown's experience, rather common among women after childbirth, has hitherto certainly not received that attention which so important a malady deserves. It consists in a relaxation of the anterior walls of the vagina, by which the bladder is deprived of its natural support, and bulges into the tube of the vagina, lying thus wholly in the pelvic outlet. The consequence is an impediment to the passage of urine, which soon deprives the patient of all power of emptying the bladder without the mechanical support of the finger, which these patients are always in the habit of using during micturition. To this succeeds a constant dribbling of water; from which circumstance these cases, though originating in mechanical lesion, and curable by operation, are usually classed as "paralysis of the bladder". The operation, which is much the same in principle as that for prolapsus uteri, shall be described in our next, with detailed notes of the case above referred to, which want of space obliges us to defer for the present. On the same occasion, we had the pleasure of seeing in the operating theatre two distinguished American surgeons, Dr. Bozeman of Alabama, and Dr. Hayward of Boston. The former is well known to our readers as a plastic operator of distinguished success. There is at present in Mr. Brown's ward, a case operated on by Dr. Bozeman's method, in which Mr. Brown was sanguine of success. He had already obtained a favourable result in several other cases by the same method; viz., silver sutures and a shield or button. Of these, however, we shall not speak at present, as we understood Mr. Brown that it was his intention to communicate a paper on this subject to the coming meeting of the British Medical Association; so that our readers will have the most authentic information on the subject.

II. USE OF ETHER.

On the same occasion (July 7th), ether was used on a patient who had on a former occasion exhibited alarming symptoms when chloroform was administered. The use of ether was attended with perfect success. This was done on a precedent set on the previous week, when Dr. Hayward of Boston administered ether to a patient for a protracted plastic operation. Dr. Hayward mentioned, that he invariably uses ether in his hospital and private practice; that he has never seen a case in which any inconvenience, far less accident, was produced by its employment; while so dangerous is chloroform considered in that part of the world, that it is publicly prohibited in the Boston Hospital.

Original Communications.

ADHESION OF THE PLACENTA AFTER DELIVERY.

By HENRY HANCOX, M.D., Wolverhampton.

MRS. C., aged about 35 years, of a leucophlegmatic habit, was taken in labour of her sixth child. She was attended by a midwife, from whom I learned that it had been a breech presentation. She had been in labour for two days; the pains during that period being very feeble. She had been delivered of a still-born child about two hours before I was called in, and the midwife during the interval had endeavoured to bring away the "afterbirth" by pulling at the funis, which at length gave way at its insertion; while at the same time the placenta itself remained immoveable. Hæmorrhage now coming on rather profusely, alarmed the midwife, who requested that I might be sent for.

On arriving at the bedside of the patient, I found the hæmorrhage rather alarming, and the patient sinking. After administering some brandy and water, I endeavoured to lay hold of the substance of the placenta and bring it way. Herein I was foiled; for I found the adhesion so considerable, the texture of the placenta so firm, and the exhaustion of the patient so great, as not to justify any longer persistence in my efforts to remove it. I gave her brandy and water freely, and waited for nearly an hour, so as to give the patient a little rest, and again attempted to make another effort as the only means of saving her life, since the hæmorrhage still continued and would continue so long as the substance of the placenta was distending the cavity of the uterus. I introduced my hand, and found the placenta in the upper part of the uterus; and, bending my fingers, I thrust them into its substance, determining, if practicable, to bring it away entire, or as much of it as I possible could; but, notwithstanding the firm hold which I had, it gave way, and only a portion of it could be extracted; the remainder adhering to the uterus. She was now much exhausted; the features were deadly pale; she fainted repeatedly; colliquative sweats bedewed the body; the pulse was small, and not to be counted. These were symptoms in my opinion too alarming to permit the continuance of an operation which was calculated to aggravate them. I therefore determined to allow the adherent portion to remain, and trusted to stimulants, which I hoped would assist the powers of the system to accomplish that naturally which could not be done artificially. I ordered some aromatic spirits of ammonia to be given every two hours, and in the interval some weak brandy and water. In the course of a short time, the sinking pulse rose, the pallid countenance resumed the natural appearance, and the whole system partook of the general benefit.

She continued to improve; and on the third day from my attempt to extract the placenta, I had the gratification to see the expulsion of the remaining portion. I now considered my patient in a state of convalescence. I ordered her quinine and iron, which she took for a fortnight; at the end of which time, I took my leave of her—she being so far restored as to need no further treatment.

REMARKS. I do not bring this case forward as possessing any new features, or anything peculiar in the mode of treatment adopted; but to show that, however anxious we may be to remove the whole of the "afterbirth", there are instances in which to persevere in our efforts to do so, would be at the risk of the mother's life, and that a large portion of the mass may be allowed to remain without producing any bad symptoms. However much the stimulating treatment of these kind of cases is condemned by some accoucheurs, I verily believe that had I not given stimulants freely in this instance, my patient must have sunk; nor without them, would the powers of nature have been able to throw off that which could not be brought away by art.

WHY DOES THE OPERATION FOR THE CURE OF STRABISMUS SOMETIMES FAIL?

By C. HOLTHOUSE, Esq., Surgeon to the Westminster and to the South London Ophthalmic Hospitals.

IN a former number of this JOURNAL (May 20th), I stated that many surgeons regarded the operation for strabismus as so uncertain, that they advised their patients not to submit to it. This opinion may be correct when the operation is undertaken by unpractised or unskilful hands; but, under opposite circumstances, it is far from the truth. Nevertheless, failures do sometimes occur, even in the hands of the most skilful; and the causes of these, I shall endeavour to point out.

It is necessary to premise, that confirmed strabismus may be due either to a shortened or hypertrophied condition of one of the recti muscles; or this may be combined with contraction of the conjunctiva and the subconjunctival tissue, and an adhesion of these to the sclerotic coat of the eye: the cure, therefore, will consist in the perfect division of these structures; while failure will generally result from their incomplete section. This is so obvious, that the mere allusion to it may be thought unnecessary; yet experience proves that of all the causes of failure, this is the most frequent.

Firstly: As regards division of the muscle, I have been witness to the following errors: the entire muscle has been left undivided, the thickened conjunctiva and subconjunctival tissue only having been cut through. This I saw happen to a child that had long suffered from strumous ophthalmia, and was affected with double convergent strabismus. The surgeon having, previous to the operation, boasted of his extensive experience and unfailing success in this branch of practice, proceeded to operate on both eyes; in one, the muscle escaped division altogether, in the other it was only partly cut through. The introductory remarks of the operator led me to expect a failure, and I was not disappointed. On seeing the child a few days afterwards, it squinted as badly as before. Again, the upper or lower margin of the muscle may escape division, or these parts may be cut through, and the centre left undivided. These shortcomings I have seen happen repeatedly, both in the subconjunctival and the ordinary methods of operating, whether done with the knife or the scissors. As respects division of the muscle with knives, on practising the operation on the dead subject, I found that M. Guérin's knife, which has a convex cutting edge, always divided the centre of the muscle, but was apt, without great care, to leave the margins undivided. Mr. Brooke's, on the contrary, which has a concave edge, insured the division of the latter, but sometimes left the former. For these reasons, I adopted a straight cutting edge in my knife, or one very slightly concave. But, irrespective of instruments or modes of operating, a portion of muscle will sometimes be left undivided, and thus mar the success of an operation. Hence the warning cannot be too frequently repeated, never to terminate it without a most careful search with the blunt hook in every direction, a warning the more necessary now that chloroform is so frequently given.

But, secondly, every fibre of the muscle may be divided, and the eye still retain its abnormal position, from inflammatory adhesions. Of this I have met with two kinds; the one yielding, and capable of extension or rupture, by persevering lateral movements of the eyes; the other short, strong, and unyielding, incapable of extension or rupture, and requiring division by the scissors or knife. To the former, are owing many of these cases of temporary failure or deferred success, which most ophthalmic surgeons must have met with; and some have succeeded in remedying, by fixing the eye by means of a ligature passed through the sclerotic end of the divided muscle. At the time of or immediately after the operation, these cases appear to be failures; but the eye subsequently rights itself, so that they ultimately turn out well; nevertheless, they have had considerable influence with many surgeons, in stamping the operation with a character of uncertainty.

A gentleman recently consulted me on account of a double convergent strabismus; he had previously seen other surgeons on the same subject, the majority of whom were adverse to operative proceedings. One frankly confessed he had never done the operation but twice, and never meant to do it again; for in one case he thought he had succeeded—in the other, he considered he had failed. But, eventually, this state of things was reversed; the case that he took to be a failure turned out to be a success, and what was at first a success, ultimately became a failure. This evidence of the uncertainty of the operation was not to be resisted, and the surgeon has ever since been a staunch opponent of ocular tenotomy. With regard to the short strong adhesions, before alluded to, they are fortunately rare. An eye thus fixed can never be liberated by any other means than their division. A most remarkable example of this kind is the following.

G. F., aged 14, came under my care on July 25th, 1857, for congenital paralysis of the third pair of nerves of the right eye. As he was anxious that something should be done to improve his appearance, I determined, in the first place, to bring the cornea into a central position between the two canthi; and, as I apprehended there might be some difficulty in getting it and maintaining it there, from the paralysed condition of the internal rectus, I passed an aneurism needle armed with a ligature underneath the external rectus, and then tied the ligature firmly around the sclerotic end of the muscle before dividing the latter; this having been done, the ligature was brought across the root of the nose, and the eye pulled in the same direction; the intention being to bring the cornea a little inwards, and to fix it there by means of the ligature. This, however, was found to be impossible, as it could not, by any justifiable force, be brought so far; and to maintain it, even equidistant between the two canthi, strong traction was required. I therefore divided the conjunctiva freely upwards and downwards, intending, if necessary, to snip the outer margins of the upper and lower recti; but it was soon apparent that these offered no obstacle to the movements of the eye, and that the real cause of its fixity depended on a number of short, strong, fibrous bands, intimately adhering to the sclerotic coat, and looking so like that structure, that I was once or twice in doubt whether I was not really dividing it; these were situated behind the vertical axis of the eye, and would just admit the point of the blunt hook beneath them. After they were all divided, and not till then, the eye became freely moveable, and could be pulled completely inwards, the cornea was then brought into the desired position, and the ligature, being no longer required, was removed.

The existence of these bands, and their influence on the result of an operation, were first pointed out to the profession by Mr. Duffin, in 1841; but they seem to have been altogether ignored by modern ophthalmic surgeons, and, in place of their division, we have had substituted the clumsy expedient of passing a ligature around the sclerotic end of the divided muscle, and so pulling the eye into the position which the external rectus was competent to give it had they been divided. That such a proceeding sometimes succeeds, and the cause of its success I have already stated in a former part of this paper; but that it not unfrequently fails, all who have had recourse to it can testify.

In conclusion, should my readers wish for further evidence of the correctness of the views which I have advanced in this paper, or of the necessity of inculcating them afresh, they cannot do better than turn to page 531 of this JOURNAL for July 3rd, where they will find reported five cases of strabismus that were operated on by Mr. Solomon, of Birmingham, three only of which were perfectly successful.

[*To be continued.*]

Transactions of Branches.

SOUTH-EASTERN BRANCH.

A NEW METHOD OF RESUSCITATING STILL-BORN CHILDREN, AND OF RESTORING PERSONS APPARENTLY DROWNED OR DEAD.

By HENRY R. SILVESTER, B.A., M.D.Lond.

[*Communicated by* T. H. SILVESTER, M.D., *June 23rd*, 1858.]

IN the following paper, I purpose to describe a new method of treating apnœa, and of inducing respiratory movements, by means of which air may be drawn into the lungs of the asphyxiated person without the employment of any apparatus. The process is, moreover, of universal application; it is easy of performance, entirely in harmony with that of Nature, and does not prevent or supersede the use of those means in which much confidence has hitherto been placed. The subject is one of deep practical and physiological importance, and is of direct personal interest to every individual, since no one can claim for himself or his family security from the dangers against which this method proposes a remedy.

Apnœa, or suspended respiration, may be the result of drown-

ing, of still-birth, of epilepsy, of apoplexy, of the undue or excessive employment of opium, of chloroform, of certain gases, etc. The means usually resorted to for restoring patients affected by suspended respiration are of two kinds, in addition to the various auxiliary plans adopted for exciting the reflex function of the nervous system by stimulants. The first provides for the maintenance of warmth and circulation. The second proposes to supply air to the lungs, either by mechanically forcing air into the chest, or by inducing certain movements in the thoracic parietes, in order to admit the passage of air, or draw in the air.

With regard to the treatment by *warmth and friction*, it may be said that experience is greatly in its favour; greater numbers have been restored by it than by any other means. The Royal Humane Society, in its printed rules, particularly recommends it as a restorative in cases of the apparently drowned, and of the apparently dead, from intense cold, or from hanging.

"In one of the most remarkable cases of resuscitation on record, the individual had been fourteen minutes under water, and no signs of returning animation were evinced until the treatment, which consisted simply in the application of warmth and constant friction, had been persisted in for eight hours and a half from the time of the accident." (Taylor, *Medical Jurisprudence.*)

According to the experiments of Edwards and Brown-Séquard, an animal lives longest without respiration in the temperature of about 60° Fahr.; with respiration, the temperature may be carefully raised to 98°. Within certain limits, which may, in general terms, be fixed at 60° and 100° Fahr., the duration of life, in the case of suspended animation, is inversely as the temperature. "The practical conclusion at which Dr. Hall arrived was, that, in the treatment of apnœa, the continuous warm bath must be excluded. This inference is, we think, scarcely warranted by the facts. In the experiments he made, animals were completely submerged, so that there was no escape for the products of respiration; whereas, in the use of the warm bath, there would not be this obstacle." (*British and Foreign Medico-Chirurgical Review*, April 1858.) "The duration of life in asphyxia seems to be proportionate, not to the warmth, but to the maintenance of a medium temperature of the patient or of the animal made the subject of experiment. The restoration of warmth can only be safely effected when the respiratory movements are maintained, and the circulation is promoted. The warm bath, used *alone*, appears to have been often fatal." (*Lancet*, December 13th, 1856.)

I think we must conclude that the warm bath may be considered as an *auxiliary* means, and that much dependence is to be placed on friction and warmth, and that nothing should be allowed to interfere with the application of those means by which warmth is restored to the skin. "And it ought certainly to be borne in mind, that the practice of the Royal Humane Society, whose rules, Dr. Hall states, 'may be summed up in one word—warmth!' has been eminently successful." (*British and Foreign Medico-Chirurgical Review*, April 1858.) The impossibility of using the warm bath during the adoption of the postural method is universally admitted.

In the apnœa of still-born infants, momentary immersion in baths of from 50° to 60°, and 98° to 100°, alternately and quickly, might be tried, as recommended by Dr. Hall.

The mechanical introduction of air into the chest by means of the bellows, by Dr. Sibson's or some other apparatus, appears, theoretically speaking, to be strongly indicated; but the obvious objection is, that the means are not commonly at hand, and whatever is done on these occasions must be done quickly. A similar remark may be applied to the employment of electricity and electro-magnetism, and the inhalation of certain gases, oxygen, ammonia, etc. M. Mare states, that "more good is done by drawing air out of the lungs than by artificially inflating these organs".

We now come to the consideration of some of the various ways of imitating inspiration and respiration by means of certain *movements of the thoracic parietes.*

a. The essential part of the various plans formerly employed, consists in *alternate compression and relaxation of the chest.* On compression, the walls of the chest descend below their accustomed level, the capacity of the lungs is diminished, and air is expelled. Upon the removal of the pressure, or relaxation of the chest, the ribs rise again to their usual and ordinary height, and air is again introduced. There is no elevation of the ribs, such as takes place in natural deep inspiration, in which they are made to rise above their ordinary or quiescent level, and the cavity of the chest greatly increased in size.

These methods have been made the subject of experiment. The apparatus employed was very simple, and consisted of three tubes, one of glass, to be passed into the trachea; another, a bent barometer-tube, graduated; and these two connected by a piece of India-rubber tubing. The glass tube was passed through an aperture made in the trachea, and firmly secured in its place by a ligature. A small quantity of coloured spirit was poured into the barometer-tube, which was in the form of an inverted syphon, and was retained in an upright position, on a level surface, by an assistant who carefully noted the height of the column of fluid. Trials were made on persons of both sexes and of different ages, and at a length of time after death which varied from one hour and a half to two days, in those with lungs sound or otherwise. But practical deductions have been drawn from those cases only in which the results were obtained when the body was warm, and when two hours had not elapsed after death. The subject of experiment was placed in various positions; and, compression of the chest being made, the fluid contained in the inverted syphon, connected with the lungs by the flexible tube, immediately rose; and, when the compression ceased, the fluid fell slowly to its previous level, demonstrating—

1. That air had been expelled from the lungs by pressure exerted on the parietes of the thorax.

2. That the air returned into the chest, though slowly, upon relaxation of the pressure, in consequence of the feeble elasticity of the chest.

3. That the actual capacity of the chest was not increased by this mode of practice.

b. Postural Method of Dr. Marshall Hall. The principle involved in this method of treatment is precisely the same as in the foregoing plan, in which simple compression and relaxation of the chest are employed to induce expiration and inspiration; the difference being that, in the postural method, the compression of the thorax is occasioned by the weight of the body of the patient resting on the chest during the prone position, followed by the removal of the pressure, and consequent return of the thoracic parietes to their ordinary level on the patient's assuming the supine posture. No attempt is made to enlarge the actual capacity of the chest by inducing an elevation of the ribs, such as takes place on making a deep inspiration. The following directions are given for performing the postural method:—"Place the patient on his face, supporting the chest on a folded coat, or other article of dress. Turn the body very gently but completely on the side, and a little beyond, and then briskly on the face, alternately repeating these measures deliberately, efficiently, and perseveringly, fifteen times in a minute only. (When the patient reposes on the thorax, that cavity is compressed by the weight of the body, and expiration takes place; when he is turned on the side, this pressure is removed, and inspiration occurs.) When the prone position is resumed, make equable but efficient pressure with friction along the back, removing it immediately before rotation on the side. (The first measure augments the expiration; the second commences inspiration.")

Numerous experiments have been made on the dead body in order to test the influence the postural method has upon respiration. The following results were obtained by the aid of the apparatus mentioned above, namely, a glass barometer tube bent in the form of an inverted syphon graduated, and containing a little coloured spirit, made to communicate with the trachea by means of a long flexible tube, the joints well secured by ligature. *First:* The subject of experiment being placed in the prone position, equable but efficient pressure with friction was made along the back, as recommended by Dr. Marshall Hall, in his rules for restoring persons apparently dead from apnœa. The fluid rose in the bent tube, proving that the compression exercised on the thorax by the weight of the body, etc., did displace some air from the lungs. *Secondly:* On turning the body on the side and a little beyond, the column of fluid fills slowly to its former level, proving that the air returned into the chest, though slowly, upon the removal of the pressure, in consequence of the feeble elastic force of the parietes of the chest in their return to their natural level. *Thirdly:* It was proved, by the fluid in the bent tube not descending below its level, that the actual capacity of the chest is not enlarged. It must be remembered that it is only the "residual air," or that which remains in the chest after a forcible expiration, which is operated upon in the postural method. *Fourthly:* From the results of the experiments on simple compression exactly corresponding with the results of the experiments on the postural method, we may infer that these two methods of treatment are identical in principle.

This method of treatment has been found open to some objections; for instance:—

1. Expiration is made to precede inspiration, whereas originally expiration is second in order, and not the primary act. In still-born infants, whose lungs have never been inflated, forced expiration, at first, is of course impossible.

2. The expansion of the thorax, or inspiration, being dependent on little more than the elasticity of the tissues, takes place feebly, inefficiently, and slowly, and therefore calls for more active mechanical aid.

3. It is scarcely possible to use the warm bath during the adoption of the postural method.

4. The patient is liable to have the mouth and nose compressed, the face bruised, or the neck twisted by the almost lifeless body being turned alternately on the chest and back fifteen times a minute for some hours. Moreover, to the operator this process is very arduous.

5. When the patient is turned on the face and pressure made on the back (pronated) the contents of the stomach are liable to pass into the œsophagus and windpipe.

6. When the patient is turned "completely on the side and a little beyond" (supinated), the tongue is apt to obstruct inspiration by falling back into the throat, with the epiglottis resting against the back of the pharynx.

7. Both sides of the chest are not equally inflated, one side only being called into action at the same time to any important extent.

8. This process is not entirely in harmony with that of nature. It is not the way in which we generally breathe.

9. The amount of air respired is exceedingly small; this is, doubtless, in consequence of the actual capacity of the chest not being increased.

With regard to the tongue, I observe that, in cases of asphyxia the tongue is usually swollen, and falls back into the throat, the epiglottis resting against the back of the pharynx, so as to act as a plug to the pharynx, and a sort of valvular covering to the otherwise patulous orifice of the larynx. In the postural method, when the body is turned on the face, no doubt the tongue falls forwards and draws with it the epiglottis, and leaves the glottis open. This, however, is of little consequence so far as respiration is concerned, for the very compression of the chest by the weight of the body itself forces out the air from the lungs, and so lifts up the valvular covering of the larynx, so that the tongue does not offer any serious obstacle to expiration when it is induced by compression of the thorax.

With regard to inspiration, in the postural method, the moment the patient is rolled "on the side and a little beyond" the tongue falls back into the throat, and its semilifeless relaxed tissue covers securely the orifice of the glottis, and its accurate closure is probably further insured by the suction generated by the return of the thoracic parietes to their natural level, so that the greater the previous compression of the chest, the more firmly is the tongue drawn down as a plug into the throat, when the pressure is relaxed, and effectually prevents the entrance of air into the lungs.

With regard to the amount of air respired in the Marshall Hall method, Mr. Wildbore states in a letter to the *Medical Times and Gazette*, Nov. 28th, 1858: "I believe that I am correct in saying that the experiments performed by Mr. Hunter and other gentlemen at St. George's Hospital on the dead subject, proved that nearly as much air entered the lungs as would be inhaled in an ordinary inspiration in a state of health."

I think there must be some fallacy here. The method of performing the experiments just mentioned is by no means satisfactory, and is, I believe, open to obvious objections.

The tube of the pnæometer was passed into one of the nostrils of the patient, the other nostril and lips being closed with adhesive plaster. The want of rigidity of the cheeks and the amount of air in the respiratory tract, and even in the stomach, etc., of the patient could scarcely fail to render the indications of the instrument, however perfect in itself, liable to suspicion, if not entirely valueless, in point of scientific accuracy.

In the Marshall Hall method, the amount of air displaced from the chest and returning there is exceedingly small, being according to my experiments a fraction of 1 cubic inch.

c. The *new method* which I venture to bring before the profession is a simple imitation of natural deep respiration, and is effected by means of the same muscles as are employed by nature in that process. In ordinary deep inspiration we lift the ribs and sternum by the pectoral and other muscles which pass between the chest and the shoulders, and thus produce the threatened vacuum which inflates the lungs. In my method we lift the ribs and sternum by the pectoral and other muscles, which pass from the shoulders to the parietes of the thorax, by steadily extending the arms up by the side of the patient's head; by elevating the ribs the cavity of the chest is enlarged, a tendency to a vacuum is produced, and a rush of air immediately takes place into the lungs. Expiration is brought about by simple compression of the sides of the chest by the patient's arms.

Forced enlargement of the capacity of the chest, producing a tendency to a vacuum, and consequently an inspiration of air into the lungs, is induced by the constrained action of the muscles of ordinary and extraordinary inspiration upon the moveable walls of the thorax.

Diminution of the capacity of the chest and expulsion of the air from the lungs, and consequently an expiration, is induced by compression.

The arms of the patient are to be used by the operator as handles to open and close the chest.

This new method has been tested by experiment on the dead body by the same apparatus, the elastic tube being securely fastened to the trachea.

In order to avoid the sources of fallacy mentioned above, the body was placed on its back, supported and a little raised by a small pillow placed under the shoulders. The height of the column of fluid having been first carefully noted, the arms of the subject were raised, and steadily extended upwards by the sides of the head, so as to draw up the shoulders and put the pectorals on the stretch, elevate the ribs, and consequently enlarge the cavity of the chest. The result was that the fluid in the bent tube rapidly fell, and so considerably as to recede high up in the leg of the instrument nearest the body, that is to say there was a tendency to a vacuum, the chest drew the air into the lungs. The shoulders and arms were next pressed down upon the sides of the chest, and immediately the fluid rose as much above its usual level in the further leg of the apparatus as it did in the foregoing experiments; demonstrating:

1. That the actual capacity of the chest was increased, and air drawn into the lungs by the constrained action of the muscles of respiration upon the moveable walls of the thorax.

2. That expiration was produced by pressing the arms and shoulders down upon the sides of the chest.

The distinguishing feature of my method is the actual enlargement of the cavity of the chest—the elevation of the ribs above their ordinary or natural level.

I need not on the present occasion enter, at length, into the mechanism of respiration. I may perhaps remind you that, from the peculiar mode in what the ribs are articulated with the spinal column at one extremity, and from the angle which they make with the cartilages that connect them to the sternum at the other, the act of elevation tends to bring the ribs and their cartilages more into a straight line, and to carry the former to a greater distance from the median plane of the body, whilst the sternum is also thrown forwards. Consequently the elevation of the ribs increases the capacity of the thorax, upwards, forwards, and laterally. Although the range of motion between each vertebra and the ribs attached to it is very limited, yet the whole framework of the chest enjoys such mobility, that by a deep inspiration its cavity is sometimes more than doubled.

I may also mention, that in difficult respiration the muscles of the limbs are made to assist in respiration—the patient seizing hold of any fixed object for the sake of a firm point for the muscles to act from; and that in deep respiration the greatest enlargement of the thoracic cavity in both sexes is made by the ribs, and not by the diaphragm. It appears very questionable whether the diaphragm is affected any further than being flattened, and that without descending.

The following rules for the treatment of apnœa are deduced from actual experiment, and are in accordance with established physiological principles.

I. *To Adjust the Patient's Position.* Place the patient on his back, with the shoulders raised and supported on a folded article of dress.

II. *To Maintain a Free Entrance of Air into the Windpipe.* Draw forward the patient's tongue, and keep it projecting beyond the lips. If the lower jaw be gently raised, the teeth may be made to hold the tongue in the required position. Should it be found necessary, the tongue may be so retained by passing a handkerchief under the chin and fastening it over the head.

III. *To Imitate the Movements of Deep Respiration.* Raise the patient's arms upwards by the sides of his head, and then extend them gently and steadily upwards and forwards for a few moments. (This action enlarges the capacity of the chest by elevating the ribs, and induces inspiration.)

Next, turn down the patient's arms and press them gently and firmly for a few moments against the sides of the chest. (This action diminishes the cavity of the thorax, and produces a forcible expiration.)

Repeat these measures alternately, deliberately, and perseveringly fifteen times in a minute.

IV. *To Induce Circulation and Warmth, and to Excite Inspiration.* Rub the limbs from the extremities towards the heart. Replace wet clothing by warm and dry covering. Occasionally dash cold water in the patient's face. These measures are perfectly compatible with the systematic performance of the imitation of the movements of respiration. A similar remark applies to the use of the warm bath, if indicated in the case of a still-born child.

Explanatory Remarks. RULE I. This posture is not essential; but in the position recommended the vital capacity of the chest is larger than in any other recumbent attitude. The bony framework of the chest is more free to move, and both sides can be expanded at the same time. This, in fact, is precisely the posture chosen by persons suffering from dyspnœa.

RULE II. In this way the patulous orifice of the windpipe is raised and drawn forward, so that nothing intervenes between it and the natural channel of air through the nose. The tongue is entirely prevented from falling back into the throat, whilst the extent to which the windpipe is put on the stretch is clearly indicated. The pharynx also is sufficiently opened to allow of the removal of liquids etc., from the mouth, nose, pharynx, etc., if those have not been completely displaced by previous suitable treatment.

The following are some of the advantages of this new method:—

1. Inspiration may be made to precede expiration, or it may be second in order at the will of the operator.
2. The expansion of the thorax is artificially insured, and wholly under the control of the operator.
3. It may be adopted when the patient is in the warm bath.
4. The patient is not liable to be injured by the manipulation.
5. The contents of the stomach are not liable to pass into the windpipe.
6. The tongue is prevented from obstructing inspiration.
7. Both sides of the chest may be equally inflated.
8. This process is entirely in harmony with that of nature.
9. A larger amount of air is inspired than by any other method.
10. This method is most easy of adoption.
11. Pure atmospheric air is inspired.
12. No apparatus is required.

The Royal Humane Society directs its attention mainly to the circulation. Dr. Marshall Hall, principally to the respiration.

It is intended by my method to combine the advantages of both these plans.

A successful case of resuscitation has already been recorded.

EAST ANGLIAN BRANCH.

CASE OF INCIPIENT ELEPHANTIASIS.

By R. V. GORHAM, Esq., Aldborough.

[*Read June 25th.*]

THE details of the following case extend over a lengthened period; still I will endeavour to be as concise as possible, and I hope to succeed in giving some satisfactory information on a rare disease—namely, elephantiasis in its incipient state.

The patient, a female, unmarried, aged 39, has been under my care at various times, since my residence at Aldborough, for severe attacks of dysmenorrhœa, followed after two or three days or more by menorrhagia, during which clots have been passed of the size of a large fowl's egg, and even larger.

So alarmed were her friends about her recovery, when I first attended her in the year 1850, that I had the opinion of Dr. Durrant upon the case; and after consultation we agreed that the ovaries were very much in fault, and the cause of the repeated attacks of dysmenorrhœa, and that they were in a state of subacute inflammation. A treatment in accordance with these views was adopted, with marked mitigation of the symptoms, and improvement in the general health.

The patient is of a leuco-phlegmatic habit of body, very fair complexion, light brown hair, eyes grey, the skin very pale, so that the small vessels are readily seen under the surface, and as soft as that of an infant.

When a child of seven years of age, she had white swelling, and was under the care of the late Mr. King, of Saxmundham, and was twenty-two weeks before she was able to move; there is not the slightest lameness from this attack. During the time she was at school, occupying a period of six years, she had to live well, and was comparatively strong. The catamenia appeared at 13 years of age. From the commencement of this monthly period, with very few exceptions, there has been pain, more or less severe, just before its return; but twelve years since the pain became very much aggravated, and has continued with diminished or increased remissions up to the present time. Neither mother, nor sister, nor any of a very large family ever suffered similarly.

The left side of the body, more particularly, used to enlarge very much just before each period; but after the appearance of the catamenia, which at first were slight, there was an aggravation of the pain; and after the third day severe hæmorrhage came on, which sometimes lasted for a week, and the patient was unable to use the least exertion, and there was naturally great exhaustion, consequent upon the above state of things. Her appetite, luckily for her, never failed; the tongue never became foul or dry, but had a glazed appearance; the bowels have always been most inactive, although every possible means have been tried to overcome that state.

Neuralgia of the face and head added its torments to the above ills in the early part of the year 1855. This partially improved under treatment, but was entirely removed by a sudden fright, caused by an accident occurring to her mother, who, in her anxiety for her daughter's comfort, had gone from her own room in the middle of the night to see her, but fell down the stairs, with, fortunately for her, no other injury than a serious shaking.

In 1856, derangement of the liver showed itself by great pain in the right side, and a jaundiced hue; but subsided in three weeks more or less. From this time to September 1857, the patient was for her pretty well; still, in the beginning of this month, a very alarming flooding came on, which lasted for nearly a month. I at one time feared the result, yet a steady perseverance in opiates, gallic acid, cold applications, rest in the horizontal position, a careful introduction of nourishment, brought about a favourable change; and since then the periods have passed off pretty normally.

It may be asked what has this history to do with the subject of the case in question? I will answer, it is essential to know all particulars; for by that means errors in diagnosis will be avoided.

In the year 1849, a dark patch showed itself on the upper part of the sacrum, but was not attended with pain, and was discovered by her mother when applying a bandage round the body for the enlargement previously named. Of this I did not hear; nor did I hear of a similar patch which presented itself on the leg in 1852, causing no inconvenience till it ulcerated in the latter part of the year 1855, and the leg became painful on kneeling down at church. My advice was then asked, and on examination, the leg in its upper part presented a slight bruised appearance of the size of the hand, depressed over its entire surface, with a small portion of its centre, of the size of a sixpence, ulcerated, acutely sensitive, and most difficult to heal. There was very little discharge, and yet some small vessels, which passed directly underneath the ulceration, seemed as if the slightest touch would make them bleed; I consequently thought, that if I could prevent such an occurrence, the ulceration would cicatrise.

In January, 1856, Dr. Durrant again saw this lady, and prescribed cod liver oil, Fowler's solution of arsenic, and bichloride of mercury, with an occasional aperient, and the local application of a sulphur and tar ointment. His opinion was that it was a variety of psoriasis; from January to July the medicine was continued; and as the invalid was going to town, I advised her to consult Mr. McWhinnie, to whom I was known. I requested Mr. McWhinnie to examine the case most attentively, as I considered it a rare disease, and also to let Mr. Startin, who is his colleague at the Hospital for Diseases of the Skin, see her. I will now read both the letters of these gentlemen, and the treatment recommended:

"The case of erythema," said Mr. Startin, "preceding elephantiasis, is a manifestation I have occasionally seen in

this and other countries. Unfortunately little in my experience can be done for it efficaciously; but it may be kept in check, and go on for years, before the characteristics of the malady to which it belongs are manifested. Of course the medicines I ordered can be modified to suit the requirements of the case." As the disease seemed to be arrested in its progress by them I desired a perseverance in their use; and for more than a year, the patient took them, but has now for a short time left them off.

Mr. McWhinnie gave the case a very careful examination, and, on finding that her sojourn in town was very short, depatched her immediately for the inspection and opinion of Mr. Startin. This gentleman ordered her as diet, milk in large quantities, no tea, beer, or porter, wine, and a very generous living.

In Mr. Startin's extensive practice in skin-diseases, amounting to 60,000 cases, he had only seen six cases, five of those occurred in persons who had spent much time abroad, and this patient makes the sixth.

Climate has a remarkable effect on this disease in all its varieties. It is not met with at the present time in temperate regions; but there is a disposition to it as you approach the equator on the one hand, and the poles on the other. It is found on the coast of Norway from 60° to 70° of latitude. It does not exist in Europe between 40° and 55° of north latitude; but this is not true with regard to Asia and America.

It was said to be of frequent occurrence in France, England, Ireland, Italy, and Germany during the middle ages, and is supposed to have been brought into these countries from the east by the crusaders.

All ages and sexes are liable to it—males in the larger proportion. It generally attacks before puberty, and more especially persons of the bilious temperament. It has been seen in the infant, but rarely, if ever, commences after the age of forty years.

Insufficient nourishment, the use of indigestible food, the prolonged and exclusive use of salted meat, and of smoked, or dried fish, have great influence in developing it in the countries where it prevails. The use of pork is said also to have a similar effect upon the strangers, and upon natives. To the above causes may be added, neglect of cleanliness, residence in low and damp places, the neighbourhood of marshes, exposure to weather, great fatigue, venereal excesses, and abuse of alcoholic liquors.

To none of the above causes can the invasion of the disease in this patient be attributed; and it is more than probable, that the repeated losses of blood, the neuralgic attack, and the white swelling of her childhood in a naturally weak person, have so altered the character of the blood as to be the cause of it.

The indications of treatment from the first have always been to improve the circulating fluid, and give tone to the system generally; and this has been carried out by all parties consulted.

The present case is one of the non-tubercular form of *elephantiasis Græcorum*, and is called in Cazenave's *Manual of Diseases of the Skin*, translated by Dr. Burgess, "Tsaraath Aphymatodes." From this work I have drawn many of my remarks, and to it I beg to refer others who may wish for a more lengthened description. The rarity of this variety is shown by Dr. Fabre's opinion, who asserts that this occurs in the proportion of one to twenty. Death in this variety is sometimes owing to a cutaneous complication, but more frequently to internal lesions, either abdominal, thoracic, or what is more rare, cerebral.

The duration of this fearful disease is usually from seven to fifteen years; but it may last thirty or forty. It may sometimes disappear spontaneously, or by the effect of remedies; but it almost always re-appears in a more grave form.

The description of the *post mortem* appearances is so well given in Cazenave's manual that I will not transcribe it.

The loss of sensibility in the patches in the majority of the cases, and the opposite state of its abnormal increase in the exceptional ones will always distinguish the spots of elephantiasis from those of erythema and of ephelis. In my patient, large patches still remain on the outer and upper part of both thighs, and also on the legs, as well as the external surfaces of both arms. The original one on the back preserves its locality; but fortunately neither the face, or throat, or hands show any symptoms of it, although the tongue has two suspicious looking spots on its surface.

The skin of these spots is discoloured, being livid in some, fawn in others, very smooth to the touch, and glossy to the eye; no elevation above the surface except in one or two of them, no pain on pinching them severely; in fact, this is one of the principal symptoms of diagnosis, for the surrounding skin is very sensitive, yet where the slightest or most minute ulceration exists, there the pain is excessive. There are also peculiar yellowish specks of the size of a gooseberry seed distributed about several of the patches; and when the contained fluid or substance escapes a slight dent is left. This is also another valuable diagnostic symptom.

I beg now to offer an apology for the length of the paper, and sincerely hope it will make us all think of the best means of alleviating the sorrows of our patients in so lamentable a disease.

ON THE POSITION OF THE STAFF IN THE OPERATION OF LITHOTOMY.

By W. Cadge, Esq., Surgeon to the Norfolk and Norwich Hospital.

[*Read June 25th.*]

It cannot be denied that from time to time, in the performance of the operation of lithotomy, great difficulty is found in cutting neatly and quickly upon the groove of the staff and so on into the bladder. It is an accident which I have seen befall the most expert as well as the least experienced operator; it leads, as the least of the evil consequences, to more or less delay in completing the operation, and, therefore, to more or less shock to and exhaustion of the patient; it is generally attended by a too free use of the knife, and therefore vessels and structures are cut which produce troublesome hæmorrhage, and it leads, though this is perhaps the smallest of the bad results, to some loss of credit by the surgeon.

The difficulty may be owing to hurry and nervousness on the part of the operator; to a want of knowledge of the relative anatomy of the parts in the pelvis and perinæum; or to carelessness on the part of the staff-holder, by which the staff, instead of being held firm and unmoveable, is loose, and easily moved by the knife or finger in the wound, and its use as a guide is destroyed.

The position in which the staff is directed to be held influences beyond everything the facility or difficulty of cutting down to it. The great majority of surgeons desire that the handle should be kept in the perpendicular position, and the curve be well hooked under the arch of the pubes. Others direct it to be held, still in the vertical direction, but with its curve midway between the pubic arch and the rectum, in what may be supposed to be the natural course of the urethra. Some have the handle inclined towards the patient's right groin, and a little towards the abdomen, so as to make the convexity of the curve project somewhat on the left side of the perinæum. All however, so far as I am aware, agree, that in whatever position it is placed, it should be retained firm and unmoveable until the surgeon's finger is fairly in the bladder.

The chief object of this communication is to recommend a different method of placing the staff; by which, I maintain, greater ease, certainty and expedition are secured to the surgeon, and greater safety to the patient.

My attention was first drawn to this subject many years ago, when engaged in demonstrating anatomy at University College, London. In repeated dissections of the perinæum, I noticed how much the membranous urethra was removed from the surface of the perinæum, when the handle of the staff was held perpendicular to the body of the subject; and, on the other hand, how near the skin it was brought, and how easy of reach it became, when the staff's handle was inclined considerably towards the umbilicus. I pursued the inquiry, made very many dissections both through the perinæum and by making vertical sections of the pelvis, so as to obtain a lateral view of the structures around the neck of the bladder. The drawing, copied from a rough but accurately measured sketch of a dissection, shewing a lateral view of the pelvic organs, exhibits clearly the effect of holding the staff with its handle midway between the perpendicular and the surface of the patient's body, at the same time that the membranous and prostatic urethra is pressed downwards towards the operator. This portion of the canal, instead of being at a considerable depth as is the case when the staff is hooked close under the pubes, is brought to within an inch or so of the skin, and is readily entered by the knife's point at the first incision. The prostate is pressed down upon the rectum, and the end of the staff rests within the lower fundus of the bladder, and probably on the

stone: there is no fear or chance of its point leaving the bladder, except through great want of care on the part of the assistant.

Let us now suppose the operation about to be performed; the staff is held with the handle inclined half way to the patient's abdomen, and its convexity pressed down towards the surface of the perinæum; the first incision is made, and the point of the scalpel is lodged in the groove of the staff near the apex of the prostate gland, and now an important part of the proceeding takes place; at a sign from the surgeon the assistant slowly raises the staff into the perpendicular position, the knife, still in the groove, follows the membranous urethra to its normal deep position, and is then carried along towards the bladder to the requisite extent in the ordinary way, and the operation is completed.

The advantage of this proceeding I believe to be—

1. The ease and precision with which the groove is entered.

2. The membranous urethra being brought so close to the perinæum, there is no inducement to open the urethra too far forwards, and the bulb and its artery are not likely to be wounded. The only possible disadvantage is the withdrawal of the point of the staff from the bladder; and this, as I have said before, cannot happen if the assistant, when the handle is inclined towards the patient's body, is careful not to allow the point to recede from, but rather to make it press down the floor of the bladder and prostate. The real position is shown in the drawing.

Having settled the theoretical merits of the plan, I determined to put it into practice at the first opportunity. In 1851 an adult was cut by me at University College Hospital; the staff was admirably held in the manner described, by my friend, Mr. Erichsen, and I remember that the knife's point fell into the groove at the first incision. This has occurred at other times, and I mention it not because it is either important or desirable that it should do so, but because it shows how near the membranous urethra is brought to the perinæum.

I have continued to operate with the staff held in the manner described since 1851, and I observe by my notes that eleven cases have occurred within the last year and a half, varying in age from 5 to 75 years. Hitherto I have met with no ill-result, and, though I do not of course pretend that success has been due to this modification, I can, unhesitatingly, recommend it as an important aid in what must still be considered one of the most difficult and trying operations in surgery.

"There is nothing new under the sun;" and I find that in Naples where lithotomy is largely and very successfully performed, the same method is commonly adopted, but with this exception, that the operator holds the staff for himself with his left hand, instead of trusting it to an assistant. I was made aware of this fact by an article on lithotomy in the very able work of my friend, Mr. Gamgee, published in 1854.

WOUND OF THE INTESTINE: PROBABLE RECOVERY.

By J. S. GISSING, Esq., Woodbridge.

[*Read June 25th.*]

IN the early part of September 1857, John Jeffries, of Woodbridge, aged 17 years, a clerk in a merchant's office, received a severe abdominal injury from the bursting of an iron cannon, which he was firing for amusement. I saw him within half an hour of the accident. He then presented the following appearance. His countenance was extremely pallid, bloodless; pulse scarcely perceptible at the wrist; the lower part of his dress saturated with blood; and protruding through a rent in his trousers was a mass of intestine and omentum, as large as a full sized fist. At the upper portion of the wound, within about two inches of the anterior edge of the liver, one of the protruded convolutions of the bowels was burst through to the extent of about the quarter of an inch, from which came fluid fæces and pure bile. At the lower part of the wound, another convolution appeared discoloured, very dark and livid, as if bruised. The omentum was quite healthy. After giving a moderate quantity of stimulant, I placed three fine sutures through the wound in the intestine, adjusting the edges as carefully as possible; cut them all off close, and returned the protruded mass into the abdomen; applied sutures to the wound in the abdominal wall; a strap or two of plaister; and water-dressing over all. He was ordered a grain and a half of opium immediately, and half a grain to be repeated every two or three hours until the specific action of the drug was induced. He was permitted to take a few teaspoonfuls of water occasionally, but was deprived of all kinds of nutriment, whether of the solid or liquid kinds; the object, of course, being to keep the bowels empty and at rest, as well also to prevent inflammatory action.

Within forty-eight hours, peritoneal inflammation set in, which was combated by the application of eight leeches, fomentations, etc. These were required to be repeated for several days, but eventually the mischief ceased. Sloughing of the wound and surrounding parts occurred a few days after the accident, when it was discovered that the portion of the bowel which was bruised had sloughed with the other structures, and a great quantity of fæculent matter passed from the lower portion of the wound, as well as the upper; for I need hardly state that all the sutures gave way, so that the original wound in the bowel became patent. The bowels were not relieved *per rectum* until the ninth or tenth day, when they acted without the aid of medicine, and continued to do so throughout the case.

His constitution soon began to feel the effect of all this mischief, and recourse was had to port wine, quinine, porter, strong soups, etc.; but at one time not the slightest hopes could be entertained of his recovery. He was reduced to a skeleton in appearance; there was a large granulating wound, secreting a great quantity of pus; and semifluid fæces continually passing from the two openings in the bowels. After a time, he began to rally, and the wound granulated kindly; pledgets of lint were applied to the openings communicating with the bowels; and, after weeks' perseverance in strapping, applying bandages, and adjusting compresses, etc., I was as much gratified as surprised to find the opening in the bowel at the lower portion of the wound closed; the whole surface then rapidly healed, with the exception of a small fistula which communicates with the bowel at that which was the upper portion of the wound. The young man is now in excellent health; and I trust, when the parts have become properly organised, he may, by an operation, be perfectly cured.

CAMBRIDGE AND HUNTINGDON BRANCH.

PRESIDENT'S ADDRESS.

By JOHN WHITSED, M.D., Wisbeach.

[*Delivered July 8th*, 1858.]

GENTLEMEN,—I have the pleasure of bidding you a hearty welcome to Wisbeach; at the same time to express the obligation conferred on my neighbours and myself, by your kindly selecting this place for the celebration of our present anniversary. May I not add, and with a still deeper feeling, my thanks for the honour done to me by my appointment to the chair? In adverting to this compliment I mean more, much more, gentlemen, than meets the ear. When I tell you that upwards of fifty years have fled since I commenced the practice of our profession, surely I may indulge the belief that you had not placed me in so honourable a position if my course had been marked by any base unworthiness; hence we may fairly presume, that, as age advances, none of us are in danger of contempt or neglect, so long as we avoid the guilt of sullying our own reputation, or destroying those bonds of friendship which ought to subsist between members of a liberal profession. I confess I differ from the poet who ventures to assert, that "Age breeds neglect in all;" such neglect, especially, as that to which my observation points; and in respect of labour, I am convinced that man is one of the happiest who never feels impatient under it, but while blest with sufficient health and strength pursues a life of usefulness to the end.

> "Come hither, ye that press your beds of down
> And sleep not; see him sweating for his bread
> Before he eats it. 'Tis the primal curse,
> But soften'd into mercy, made the pledge
> Of cheerful days and nights, without a groan."

Not to detain you by matters foreign from the object of our meeting, my desire is, in any attempt at topographical description, to be as brief as possible. Wisbeach then, as you are aware, presents very few attractions to visitors; yet we possess two of which we have reason to be proud—our ancient church and our museum. The former has lately undergone considerable repair and improvement; like many others of the sacred edifices of England, its interior has been transformed from scantiness to amplitude of accommodation, and its eastern end enriched with a splendid window, the gift of Mr. George Cottam. Another very beautiful window, descriptive of the good Samaritan, has just been added to this venerable pile by Mrs. Fardell, in memory of our late worthy and

benevolent vicar, the Reverend Henry Fardell. As to our Museum, allowing for the few years it has been established, it contains an abundant supply of choice and valuable treasures. Those gentlemen who have not seen it would be pleased, I think, even with a hasty view of its specimens of Natural History, as well as the antiquities and relics of foreign lands, which form a part of our collection. At all events we may recognise in it a proof of what combined zeal and energy can effect towards the promotion of science, and a correspondent spread of mental enjoyment, in a provincial town of limited size like this. I may mention two other structures of recent date, viz., our Public Hall, and spacious Corn Exchange, the latter scarcely yet completed—which indicate, at least, a growing taste for improvement.

But I cannot quit such local particulars without reminding you of a special and delightful fact connected with the history of Wisbeach—a fact in which not only its inhabitants may rejoice, but the nation itself; nay, I will be bold to assert, it promises more and more to extend its happy influence over the world. How is this? you would ask. It was the birthplace of Thomas Clarkson, that noble benefactor of the human race, who was one of the first, if not the very first, effectually to rouse the indignation of his fellow countrymen against the foul atrocities of the slave trade, and who, by great and persevering labour, and travelling thirty-five thousand miles in search of evidence, was chiefly instrumental in producing that eventual triumph of virtue over tyranny—the passing of the Slave Emancipation Bill in 1833. Clarkson died in 1846, at the advanced age of eighty-six, and an admirable portrait of him is deposited in our Town Hall. I will but obtrude one other name on your notice—that of the talented and eccentric William Godwin, born at Wisbeach in 1756, the author, among other productions, political, imaginative, and historical, of "Caleb Williams," a novel which was pronounced in the *Edinburgh Review* (though I think erroneously) one of the finest produced by man. It is certainly a soul-stirring, marvellous coinage of the brain, since few persons can read it without such absolute enthralment they have no desire to throw down the book until they arrive at its final letter.

> "And thus we greedily pursue
> Things wonderful instead of true."

I fear, gentlemen, I have trespassed somewhat on your patience; but with your permission I will now pass on to topics more relevant to the business of the day. And first, I would call your attention to the excellent results which flow, and must continue to flow, from the united efforts of the BRITISH MEDICAL ASSOCIATION. I am ashamed to confess I have only recently been enrolled a member. How I could suffer time and chance so long to escape me—how forego so many pleasant and great advantages, I am at a loss to explain. Independently of the friendships it cannot fail of establishing between members of the medical community—independently of the amount of intelligence derivable from their frequent intercourse—I would contend that their weekly journal will bear the test of comparison with any similar production of the day. Happily for mankind, no less than the profession, such a spirit of rivalry, fairly maintained, spring from whatever quarter it may, will always command its due meed of support and encouragement. Can the light of science continue to shine without the assistance of the press, and the eager thirst for knowledge it inspires in the breast of every earnest inquirer? The truth of the axiom that to be useful in his generation, and successfully to discharge the duties of his calling, a physician must be a student all his life, is confirmed by every day's experience. Yet many years ago I knew a thrifty veteran in the profession, one, who in the sunshine of his youth had been a pupil of the celebrated John Hunter—I have heard this veteran friend, of whom I speak, pertinaciously insist on the uselessness of books, medical books of every kind, periodicals especially. "Read! I never read," said he. "I habitually exercise my sight, my reason, and my memory; and thence I'll leave you to judge what book I'd trust as my safest volume of facts." His head, nevertheless, was worth having in spite of his obstinacy; but in this he persisted so long, that when his natural sagacity and the march of time and of science unveiled to him his error, he was assailed by blindness, became the subject of cataract, and thus repented of his mistake when it was too late. Truly, he lived long enough to repine at the sadness of his folly, but died too soon to rejoice, as far as books were concerned, in the efficacy of his wisdom.

Desirous to notice a few topics worthy of so enlightened an assemblage of my friends, and to which my office, not my ability, prompts me, I fear lest those I shall select may not be deemed of sufficient interest. Yet while wonders and improvements in every other art or science resound throughout the corners of the earth, shall medicine be the only one to hide her diminished head, and sink into oblivion through the mute misgivings of her followers? It were better, surely, that the veriest tyro should hold himself at liberty, not only to seek, but to spread his infant stock of knowledge, so long as he play not the prodigal or braggart with his tongue.

Aiming at neither novelty nor wonders, I would briefly appeal to your recollection as to a singular complaint of the wrists, the nature, causes, and treatment of which seem to be involved in some obscurity, and to demand more attention than they have hitherto received. The first case occurred to me nearly half a century ago. A young girl, twenty or upwards, who had been employed several weeks at harvest work, placed herself under my care with paralysis of the wrists; *i. e.*, a state of inaction or loss of power in the extensor muscles, as indicated by carpal distortion, with the fingers or hands drawn incontrollably inwards. It is a complaint, I apprehend, as far as cause is considered, entirely distinct from that which accompanies or follows the painters' colic—*videlicet*, the dropped hand; since, in most instances, no trace of lead, or any other mineral poison, is at all cognisable. It chiefly attacks young persons: I bear in mind only one exception, that of an elderly female, about sixty, who consulted me two years ago. Well, gentlemen, at that early or probationary period of my life, when the first case came under my notice, I chanced to take up a work (its author, from the remoteness of the date, has escaped my memory, but I think Dr. Pemberton) in which was strongly urged the use of the splint, in order to restrain their morbid, and, by temporary rest, to restore the healthy action of the muscles. I adopted that plan, and it proved successful. I have known three members of the same family, within the last fourteen or fifteen years, attacked with this complaint—two daughters and a son—not contemporaneously, but at distinct periods of time, and all three variously situated as to their then localities. The young ladies, tenacious of their freedom, very naturally, and sensibly too, resolved to dispose of their hands in manner most congenial to their own tastes. One got married, and got well; the other recovered also; both after a long and persevering use of the disulphate of quinine, occasionally blended with small doses of blue pill, but in neither instance were splints resorted to. Their brother, I regret to say, was not so fortunate. Nearly four years have elapsed, and he is still under treatment. There is the *ne quid nimis* of physic, as well as of other good things in this world; and it were well for the devourers of medicines, as of books, to know that, like our friends, they are always best when few and well chosen. What may be the issue of the case, I will not predict. The patient, from unavoidable circumstances, has been erratic in his search of a cure, and has created a conflict by his aim at a multitude of opinions, both in private and in hospital practice. The disease is now become inveterate; and we know that the very habit of disease is in itself a frequent bar to its removal—a bar even sometimes insurmountable.

A few words on that intractable, and, generally speaking, fatal disease, epilepsy. It has fallen to my lot to be an eyewitness, more or less, of this dreadful malady from my boyhood; and the conclusions to which I have arrived are these. When it depends on scrofulous tumours, or tubercles, or other organic lesion of the brain, it is not only incurable, but, for the most part, suddenly fatal. When it attacks before puberty, it is sometimes remediable: continuing or commencing after puberty, the chances of success are greatly diminished; nevertheless, in some rare instances, patients live to a tolerably advanced or beyond the middle period. The means which I have found useful, especially before puberty, are strychnine and the iodide of iron; the former, in the dose of the twenty-fourth to the twentieth part of a grain three times a day; the latter, from two grains to three and a half; giving in either instance, every third or fourth night, three grains of calomel, or something like an equivalent dose of blue pill with colocynth, strictly enjoining a system of diet, nutritive, plain, and unstimulating.

In this age of bold expedients, when it may be said that, like the warriors of old, doctors face danger as Greek met Greek, reviving the Brunonian, and abandoning the sound and guarded precepts of the venerable Cullen, it will not be deemed unseasonable, I trust, to cast a cursory glance at certain fallacies now extant, great, still "marvellously favoured". "Honour", it is admitted, "hath no skill in surgery", nor hath fame in medicine; yet, in either case, fairly to acquire the one through the instrumentality of the other, we will concede, is just and

laudable. The prize, after all, however, may be found more visionary than real; and in the pursuit of it there is a boundary line not to be transgressed, so that, while we admire the talent or commend the zeal of the honest aspirant, we must be cautious not to confound temerity with skill, or vanity with genius. Moreover, it is sad that such necessity exists; but it were well for the elders of the profession to warn their sons and successors of the danger attendant on doctrines of extremes, or the boasted universality of appliance in regard to any one particular system. If, again, the advocates of homœopathy and brandy would alike persuade us of their success in the treatment of inflammatory disease, it is time for soberness to make her stand.

"Procul O, procul este profani,
Conclamat vates, totoque absistite luco:
Tuque invade viam, vaginâque eripe ferrum:
Nunc animis opus, Ænea, nunc pectore firmo."

"All false pretences", as Cicero tells us, "like flowers, fall to the ground; nor can any counterfeit last long."

Passing from false to genuine science, it is gratifying to me, in conclusion, to report two successful cases of resection of the knee-joint; one in the Wisbeach Union, Ann Bolton, aged 33, operated upon in 1856 by Mr. Burman; the other, that of John Bagsworth, aged 26, of Upwell, seven miles from hence, operated upon also the same year by Mr. Tubbs. The destruction, from scrofulous disease, of the synovial and cartilaginous tissues, as well as of the femoral condyles and head of the tibia, must in each instance have ended in amputation or death, had resection not been resorted to. Both of these patients may now be seen daily walking about with limbs profitable and useful to themselves, as well as highly creditable to their surgeons. I have thought it right to record these cases, on account of the difference of opinion which prevails as to the safety and expediency of this new mode of operating.

But not in surgery alone: it is delightful also to those engaged in the practice of medicine to witness the real improvements which are gradually unfolded to us—improvements, I think, chiefly attributable to the increased attention bestowed of late years on physiology, morbid anatomy, and chemistry. Happily, indeed, the entire curriculum of education, from our early schooling to our entrance on the business of life, is changed for the better. This fact alone, or exclusively of any legislative measures of reform, cannot fail to secure, eventually, great and mutual advantages to the public and ourselves. Meanwhile and ever, let us continue to act towards one another as Christian gentlemen, remembering that it is our province to heal, not to inflict injuries; and, while we would be mindful of our own good name, we should on all occasions and emergencies cherish the desire and duty to sustain, as far as possible, the reputation of our friends and competitors. For my own part, my anxious desire is so to pass through the duties of my profession that, whilst living, I may be able to render some service to others; and, when dead, not one of my brethren shall have cause to say I had ever done him an act of prejudice, unkindness, or dishonour. To conclude, let me bring to your recollection a couplet from the pen of our immortal bard:—

"Mine honour is my life; both grow in one,
Take honour from me, and my life is done."

THE ROYAL VICTORIA HOSPITAL AT NETLEY. The report of Colonel Terence O'Brien, Assistant-Quartermaster-General, to the War-office, on the part of the Committee on Netley Hospital, has been issued with a copious appendix. The report, which is dated June 1858, details the origin of the hospital and the steps taken by the Committee, and goes into all the objections against the salubrity of the site. "The conclusion of the whole matter," to quote the words of Solomon, is that the site is *un*-objectionable; that the building is well adapted for the purposes for which it was designed; and that it is *not* the sort of building best adapted for a medical school, on the scale contemplated by Mr. S. Herbert's Committee. The Committee, considering the large expenditure already incurred at Netley, "do not certainly recommend" the conversion of an otherwise good hospital into a barrack, and they believe that the best place for a medical school would be "some large military station." Dr. Sutherland dissents from this report, for reasons assigned. A "confidential report," on the hospital is appended, from the pen of Mr. Henry W. Witt, late Assistant Chemist to the Government School of Mines, testifying to the purity of the local drinking waters. Any immense number of other reports and documents follow, filling a paper of nearly 200 pages.

LETTERS AND COMMUNICATIONS.

Letters or communications for the JOURNAL should be addressed to Dr. WYNTER, Coleherne Court, Old Brompton, S.W.

Letters regarding the business department of the JOURNAL, and corrected proofs, should be sent to 37, Great Queen Street, Lincoln's Inn Fields, W.C.

British Medical Journal.

SATURDAY, JULY 17TH, 1858.

MEDICAL REFORM.

THE Medical Reform Bill was read a third time and passed, in the House of Commons, on Friday, July 9th; and has been sent up to the Peers. So advanced a stage, we believe we are right in saying, has never been attained by any measure of the kind since the Apothecaries' Act of 1815. In the Upper House, we have reason to expect support from some of the most influential members; and therefore success may be regarded as certain. It is very desirable, however, that the profession should make known their wishes to their Lordships by means of petitions: and for this purpose, the form given at p. 352 of the number for May 1st will do well, with such simple verbal amendments as are obviously necessary. Now that the Legislature is so well disposed towards the settlement of this long agitated matter, it would be a pity that the profession should appear indifferent.

THE COMING MEETING OF THE ASSOCIATION IN EDINBURGH.

AT the present moment, everything seems to promise that the twenty-sixth Annual Meeting of the British Medical Association will be a complete triumph. Invited most heartily to one of the most celebrated seats of medical learning in Europe, we trust that it will bring in its hand a splendid gift to the profession, to acquire which it has laboured more than twenty years —a Medical Reform Bill. If the fates, who have hitherto been so propitious, will only hold on with us to the end, Sir Charles Hastings will have the gratification of announcing that our Association has at length achieved one of the principal aims for which it was founded—the consolidation of the medical profession. Even supposing that great desideratum not to be accomplished this year, the Edinburgh meeting cannot fail to be a most successful one. Welcomed by the body of medical professors, invited to *conversazioni* at the Royal Colleges of Physicians and Surgeons, at which English and Scottish medical ability of the first order will rub shoulders, we may expect to spend a splendid anniversary in Auld Reekie.

Hitherto it has been the policy of the Association to avoid the great capitals of the empire. During the quarter of a century in which it has been silently deepening its roots and spreading its branches, it has sought rather the subcentres of note than the metropolitan cities. Probably, the reason for this modesty was to be found in the provincial element which is so deeply engrained in the fabric of the Association; probably, in times past, some little jealousy of the metropolis was another cause of the coy manner in which the Association kept

aloof, and held her annual meetings far away, amid the smoke of Manchester, under the shade of the great minster at York, or beside the "silver Severn stream" at Worcester. The day when town was pitted against country is, however, past. The Association has become so important, that it must contain both elements of strength. Metropolitan and provincial champions shake hands, and wish success to the British Medical Association.

No doubt the more catholic feeling abroad among the members has led to the choice of Edinburgh as one of the three capitals to be visited—at least we hope that, having found ourselves so far north, we shall not object to move a little further west, where we have so many warm friends. The great metropolis must be left until we have still further recruited our numbers, which we shall no doubt do after having visited the capitals of Scotland and Ireland.

Independently of the intellectual fare to be met with in the form of addresses and papers to be read, we do not doubt that the attractions of the fine old city itself will prove a powerful ally in producing a very large meeting of the Association. It cannot be denied that the holiday from everyday work to which these annual meetings give rise, is a most potent cause of their success. It would be difficult, indeed, to find a spot where holiday could be better kept; and we trust therefore to find that the Edinburgh meeting will be by far the most splendid anniversary the Association has ever held during the long period of its existence.

THE WEEK.

Several of the Medical Professors of the University of Edinburgh have addressed a letter to the right honourable W. Cowper in reply to the document issued by the Extra-Academical Lecturers, and published in this Journal on June 26. Want of space prevents us from publishing the letter entire; but the object is to show that the University Graduates have at least as good a claim to confidence and to favourable consideration in a Medical Reform Bill as the holders of the diploma of the Royal College of Surgeons of Edinburgh. They show also that by recognising the College of Surgeons of Edinburgh as a body, the diploma of which shall entitle to a license, an addition is made to its powers.

"By your Medical Reform Bill," the professors write, "you confer one remarkable boon on the College of Surgeons of Edinburgh; you grant them the power of extending their license from three branches of practice, (viz., anatomy, pharmacy, and surgery,) to all the branches of it. The Professors of the University of Edinburgh do not object to this great extension of the license of the College of Surgeons and of other corporations. They merely ask that, in common equity, for the good of the public and for the sake of the profession, Parliament should confirm also the University rights and privileges to practise to the same extent."

This letter is dated June 28; but subsequent proceedings in Parliament have shown that there is no intention of withholding from the universities those privileges to which they deem themselves entitled.

Some correspondence has recently appeared in the *Times* with regard to nursery servants. The subject is treated in its general bearings; but it is one of great interest also to the medical profession. One of the writers suggests the formation of a training school for nursemaids, the objects of which should be the following:—

"1. In the infant school attached to such an institution, the young woman should learn, by practice, how both to amuse and to instruct in the A B C of knowledge, by means of pictures, etc. They should also be taught to give instruction in the way to cultivate the good and repress the evil feelings of a little child.

"2. In the class room, they should receive a course of instruction bearing upon the child's nature, bodily and mental; the effects of diet, air, clothing, exercise; and care should be taken to point out the wrongs done to children by deception, carelessness, and want of conscientiousness.

"3. In the kitchen they should be taught how to make children's food, and in turn cook for each other.

"4. In the laundry they should be taught how to wash and get up both children's garments and their own.

"5. In needlework they should learn to make children's garments and mend their own."

The suggestion seems excellent: and we commend it to the consideration of our associates.

There has been forwarded to us a handbill, in which it is stated that a grand promenade concert will take place at Banbury on Wednesday next, the 21st instant, for the benefit of the Royal Medical Benevolent College. Our associate, Dr. Stanton Wise, has most generously offered his ornamental and extensive pleasure-grounds for the purpose. Dr. Wise and the managers of the entertainment have our best wishes for success in the praiseworthy object they have undertaken. We hope, on a future occasion, to be able to announce that the Royal Medical Benevolent College has derived such aid from the Banbury concert, as will encourage a repetition of the experiment in other towns.

ADMISSION OF MEMBERS, AND PAYMENT OF SUBSCRIPTIONS.

The General Secretary of the British Medical Association begs to call the attention of members to the Laws regarding the Admission of Members, and the Payment of their Subscriptions.

"*Admission of Members.* Any qualified medical practitioner, not disqualified by any bye-law, who shall be recommended as eligible by any *three* members, shall be admitted a member at any time by the Committee of Council, or by the Council of any Branch."

"*Subscriptions.* The subscription to the Association shall be One Guinea annually; and each member, on paying his subscription, shall be entitled to receive the publications of the Association for the current year. The subscription shall date from the 1st January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous."

Either of the following modes of payment may be adopted:—

1. Payment by Post-Office Order to the Treasurer (Sir C. Hastings, M.D., Worcester), or to the undersigned.

2. Payment to the Secretary of the Branch to which the member belongs.

3. Members residing in the Metropolis and vicinity can make their payments through the publisher of the British Medical Journal, Mr. Thomas John Honeyman, 37, Great Queen Street, Lincoln's Inn Fields, W. C.

Philip H. Williams M.D., *General Secretary.*

Worcester, July 1858.

Association Intelligence.

THE APPROACHING ANNUAL METTING.

WE have received the following letter from the General Secretary:—

Worcester, July 12th, 1858.

DEAR SIR,—I have at length the pleasure of sending the programme of the arrangements for the annual meeting in Edinburgh.

It would be difficult to imagine a more valuable and interesting collection of addresses, papers, and cases, than that of which I now request you to publish the announcement in the JOURNAL; and I trust that the number of members present will be in proportion to the quality and extent of the *matériel* provided for their entertainment.

There is one point which is not mentioned officially; viz., that the Committee of the Edinburgh Medical Missionary Society have kindly intimated their intention of inviting the members of our Association to breakfast, on Saturday, the 31st instant. Every interval of time will, therefore, be fully occupied. Yours faithfully,

PHILIP H. WILLIAMS, M.D.

Dr. Wynter.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Twenty-sixth Annual Meeting of the BRITISH MEDICAL ASSOCIATION will be holden at Edinburgh, on Thursday, the 29th, Friday, the 30th, and Saturday, the 31st days of July.

President: BOOTH EDDISON, Esq., Nottingham.

President-elect: WILLIAM P. ALISON, M.D., F.R.S.E., Edinburgh.

The Committee of Council will meet at twelve o'clock on Thursday.

The General Council of the Association will meet at one o'clock.

The following is an outline of the proceedings connected with the Annual Meeting:—

Thursday, 29th, 4 o'clock P.M. First General Meeting of the Association. The retiring President will make a few remarks. The new President will deliver an Address. The Report of Council and the Report of the Reform Committee will be presented; and other business transacted.

In the evening, a conversazione will be holden at the Royal College of Surgeons, when Dr. SANDERS, Conservator of the Museum, will make some remarks on many of the objects of interest contained in it.

Friday, 30th. Morning, 8.30. Public breakfast.—9·30. Meeting of the members of the new Council.—10.30. The Address in Therapeutics will be delivered by Professor CHRISTISON. After which, papers and cases will be read.

The meeting will adjourn at 1, and reassemble at 2. The Report of the Benevolent Fund will be received. The Address in Surgery will be delivered by Professor MILLER. Papers and cases will be read.

Evening. There will be a conversazione at the Royal College of Physicians; when Dr. WILSON, Regius Professor of Technology, will read a paper on Chemistry.

Saturday, 31st, 11 A.M. The Address in Midwifery will be delivered by Professor SIMPSON.—2 P.M. Professor BALFOUR will meet the members of the Association in the Royal Botanic Gardens.—6 P.M. Dinner. Tickets a guinea.

Among the principal hotels in Edinburgh are—Douglas's Hotel, St. Andrew's Square; Barry's British Hotel, Queen Street; The Queen's Hotel, Princes Street; Mackay's Hotel, Princes Street; Macgregor's Royal Hotel, Princes Street; Young's New Royal Hotel, Princes Street; Graham's Hotel, Princes Street; Clarendon Hotel, Princes Street; London Hotel, St. Andrew's Square; Kerr's Bridge Hotel, New Buildings; Waterloo Hotel (Rampling's), Waterloo Place.

Members are requested to enter, on arrival, their names and addresses in the Reception Room, in the College Buildings; where all the meetings will take place, and where all further information will be supplied.

Members who propose to read papers or cases are requested to communicate their intention, as early as convenient, to the General Secretary.

The following is a list of notices received up to this time, and arranged in the order of their dates:—

Proposal of the formation of an Ethical Committee. By HERBERT BARKER, M.D.

Resolution as to Homœopathic Practitioners. By GEORGE MAY, jun., Esq.

Paper on the Proportions of the Human Frame at Different Periods of Life, etc. By G. M. HUMPHRY, M.B.

Paper on the Means of Recognising in after Life the subjects of Inherited Syphilis. By JONATHAN HUTCHINSON, Esq.

Paper on Insanity and Crime. By J. G. DAVEY, M.D.

Paper on the Treatment of Neuralgic Pains by Narcotic Injections. By ALEXANDER WOOD, M.D.

Cases Illustrative of the Topical Treatment of Neuralgia. By G. LINDSAY BONNAR, M.D.

Paper on the Effect of Temperature upon the System in its Relation to Food. By EDWARD SMITH, M.D.

Paper on Vesico-Vaginal Fistula and its Successful Treatment. By I. B. BROWN, Esq.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, July 12th, 1858.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
SHROPSHIRE. [Annual Meeting.]	Lion Hotel, Shrewsbury.	Monday, July 19, 2 P.M.
READING. [Annual Meeting.]	Council Chamber, Reading.	Wed., July 21, 4 P.M.

[To prevent delay, Reports of Branch Meetings should be sent direct to the office, 37, Great Queen Street.]

REPORT OF MEETING OF COMMITTEE OF COUNCIL:

Held in Birmingham on the 8th instant.

Present:—Sir C. Hastings (in the Chair); Mr. Booth Eddison (President of the Association); Mr. G. May, jun.; Mr. R. S. Stedman; Mr. A. T. H. Waters; Mr. Watkin Williams; Dr. P. H. Williams.

The Report of Council proposed to be presented at the annual meeting was read and considered.

Resolved:—That the Report now read be printed and circulated among the members of the Council.

The arrangements for the annual meeting were carefully completed.

A communication from Mr. Martin, Secretary of the South-Eastern Branch, was laid before the Committee.

CHARLES HASTINGS,
PHILIP H. WILLIAMS.

Worcester, July 12th, 1858.

NORTH WALES BRANCH: ANNUAL MEETING.

THE ninth Annual Meeting of this Branch was held on Tuesday, July 6th, at the Uxbridge Arms Hotel, Carnarvon, under the Presidency of ROBERT JONES, Esq., of that town. There were also present: J. Edwards, M.D. (Benarth); R. Jones, Esq. (Conway); D. K. Jones, Esq. (Beaumaris); Ll. Lodge, Esq. (St. Asaph); O. Roberts, M.D. (St. Asaph); H. A. Roberts, Esq. (Brynmeurig); J. Salusbury, Esq. (Conway); and F. Theed, Esq. (Rhyl).

The PRESIDENT delivered an able address, and afterwards read letters received from the retiring President, Dr. Williams of Wrexham; T. T. Griffith, Esq., of Wrexham; Dr. Lloyd Williams, of Denbigh; Dr. Hughes, of Mold; T. F. Edwards, Esq., of Denbigh; J. Lloyd, Esq., of Llangefni; etc., regretting that professional engagements prevented their joining in the proceedings of the day, and wishing the meeting every success.

REPORT OF COUNCIL.

The PRESIDENT read the following Report:—

"The Council of the North Wales Branch of the British Medical Association congratulate the members upon this their ninth anniversary meeting held in the town of Carnarvon; and it affords them much gratification to be enabled to say that their ranks are yearly increasing, and that the Association is in a prosperous condition.

"The Council recommend to this meeting, as well as to individual members, the importance of petitioning the House of Lords in favour of the Medical Reform Bill of Mr. Cowper, as amended in the Committee of the House of Commons, which has the favourable notice and approval of the great majority of the profession throughout the United Kingdom. It appears probable that the present session of Parliament will finally settle this long agitated question.

"The Council hope that the meeting will agree with them in stating that the doctrines of homœopathy are utterly beneath their notice, and do not deserve any other mention than what was so unanimously agreed to at a former annual meeting of this Branch, and which was embodied in a resolution to the following effect, viz., 'That the doctrines of homœopathy are based upon most erroneous and false data, and are propagated through ignorance and imposture; that the system of homœopathy is prejudicial to the cause of science, and dangerous to the public health; and that this meeting therefore considers that it is the imperative duty of all regularly qualified members of the medical profession on no account, directly or indirectly, to meet homœopathic or other irregular practitioners in consultation.

"The Council sympathise with Mr. Griffin and the Poor-law medical officers in their efforts to ameliorate their condition, and would earnestly request this meeting to petition the House of Commons in their favour.

"Subjoined is a statement of the funds of this Branch:—

Receipts.	£	s.	d.
Balance in hand	2	2	9
Amount of local annual subscriptions of 2s. 6d., paid at the last meeting at Rhyl, July 7th, 1857	3	7	6
	5	10	3
Disbursements.			
Paid for guests at Rhyl	1	13	0
Secretary's official expenses	1	5	6
	2	18	6
Balance in hand to meet current expenses	2	11	9
Arrears due up to July 6th, 1858	8	5	0

Mr. THEED (Rhyl) moved that the Report of the Council be received and adopted.

Dr. ROBERTS (St. Asaph) having seconded the motion, it was put to the meeting, and carried.

VOTE OF THANKS TO THE RETIRING PRESIDENT AND COUNCIL.

Mr. HAMILTON A. ROBERTS (Brynmeurig) moved—

"That the best thanks of this meeting be given to Dr. Williams of Wrexham, the late President, for the zealous and courteous manner in which he discharged his duties; and to the other members of the Council, for their valuable services during the past year."

Mr. THEED (Rhyl) seconded the motion, and it was carried with acclamation.

PLACE OF MEETING IN 1859: ELECTION OF OFFICERS.

Mr. LODGE (St. Asaph) moved—

"That Rhyl be the next place of annual meeting for 1859; and that Frederick Theed, Esq., of Rhyl, be the President-elect."

Mr. SALUSBURY (Conway) having seconded the motion, it was unanimously carried.

Dr. CONWAY DAVIES moved—

"That the following members constitute the Council of this Branch, in addition to the President, Ex-President, President-elect, and Secretary; namely, O. Roberts, M.D. (St. Asaph); Ll. Lodge, Esq. (St. Asaph); Edwin Jones, M.D. (Rhyl); J. Edwards, M.D. (Benarth); and H. A. Roberts, Esq. (Brynmeurig).

Mr. R. JONES (Conway) having seconded the motion, it was put and carried.

The PRESIDENT moved, and Mr. LODGE (St. Asaph) seconded, that D. Kent Jones, Esq. (Beaumaris), be re-elected Secretary and Treasurer; which was carried.

REPRESENTATIVES IN THE GENERAL COUNCIL.

Mr. THEED (Rhyl) moved—

"That J. Edwards, M.D. (Benarth), and Hamilton Alder Roberts, Esq. (Brynmeurig), be elected to represent this Branch in the General Council."

Mr. R. JONES (Conway) seconded the motion, and it was unanimously carried.

POOR-LAW MEDICAL REFORM.

Upon the motion of Mr. HAMILTON ROBERTS, seconded by Mr. LODGE, the following resolution was unanimously agreed to: viz.—

"That the best thanks of this meeting be given to Mr. Griffin, for his unceasing efforts to improve the status and remuneration of the Poor-Law medical officers."

NEW MEMBERS.

The following gentlemen, having been duly proposed and seconded, were admitted members of this Branch:—J. Conway Davies, M.D. (Holywell); William Taylor Morgan, M.D. (Carnarvon); William Maugham, M.D. (Carnarvon); Morris Davies, Esq. (Carnarvon); Charles Millar, M.D. (Carnarvon); T. C. Roden, Esq. (Llandudno); James Williams, Esq. (Holywell); and T. H. Hughes, Esq. (Pwllheli). Besides the above, the following were also duly elected at the Council meeting of this Branch held at Carnarvon, on the 31st of May last; viz: Dr. Way (Gresford, near Wrexham); Thomas Eyton Jones, Esq. (Wrexham); and David Hughes, Esq., (London Road, Llangollen).

CASES AND COMMUNICATIONS.

The following papers were then read, and interesting discussions took place:—

Fracture of the Base of the Skull. By H. A. Roberts, Esq.

Cancerous Disease of the Pancreas. By O. Roberts, M.D. (St. Asaph).

Propriety of Surgical Interference in Cancer. By J. Edwards, M.D.

THE DINNER.

Shortly after five o'clock, the members dined together in the large rooom of the hotel. There were present, by invitation, E. Edwards, Esq., Mayor; the Rev. D. L. Williams; J. Morgan, Esq., bank; and Ll. Turner, Esq. The chair was occupied by R. JONES, Esq., President; and the vice-chair by D. Kent Jones, Esq., the Secretary of the Branch.

After the cloth had been removed, the first toasts, "The Queen", "Prince Albert, Prince of Wales, and the rest of the Royal Family", were proposed and duly honoured.

The CHAIRMAN proposed "The Army and Navy", which was responded to by Mr. Turner, Rear-Commodore of the Royal Welsh Yacht Club.

The CHAIRMAN proposed "The Bishop and Clergy of the Diocese of Bangor". This toast was invariably received with pleasure and respect. He believed it was the custom of medical men everywhere—at least, it was so here—to regard the clergy as their coadjutors, and to welcome their presence at the sick bed. Paying a high compliment to the respected vicar and curates of the parish, the President concluded by proposing the toast, coupling with it the name of the Rev. D. L. Williams.

The Rev. D. L. WILLIAMS, in acknowledging the compliment, said he wished the worthy vicar had been present. He expressed his regret to him last evening that he was not able to attend. The President had spoken in very high terms of the clergy. Whatever might be the feeling of medical men, the feeling of the clergy was, that they ought to co-operate as much as possible [*hear, hear*], the one having the care of the body, the other of the soul. With regard to the medical men of Carnarvon, he could only speak in terms of approbation and praise; but he knew that some members of a profession had their fears that it was not always quite safe and opportune for the clergyman and the medical man to meet at the same bedside. He thought, when that did occur, there must be some blundering on one side or the other. [*Hear and cheers.*] Generally speaking, if they addressed the conscience and the heart, rather than the nerves, no harm could be done by the clergy. Thanking the company for their expressions of goodwill, the rev. gentleman hoped that this day's meeting might conduce, not only to the present enjoyment of the company, but to their future happiness on reflection, and also to the benefit of the community. [*Cheers.*]

The CHAIRMAN then proposed "The Mayor of Carnarvon." E. Edwards, Esq., the Mayor, responded.

The CHAIRMAN said: The next toast is one which I very much wish had fallen into abler hands—"Prosperity to the British Medical Association." [*Cheers.*] I may state, for the information of non-members present, that the Association was established in 1832, by Sir Charles Hastings, Bart., for the

purpose of securing the honour and respectability of the medical profession, to enable the members of that profession to meet together at stated times for the purpose of communicating to each other their experiences, and also to determine upon points not only of medical practice, but, so to speak, of medical combat. Those objects have, I think, been fulfilled extremely well by the Parent Association and its branches. It now numbers upwards 2,000 members,' comprising, I may safely say, the *élite* of the profession both in the metropolis and the provinces. [*Hear, hear.*] The whole machinery has been found to work well, and it is hardly possible that the meeting together of such a numerous body of educated men could take place without having a beneficial influence. Even our branch meetings, which are not to be compared with those of the Parent Association, tend to do much good, if we regard them only in their social bearings, by making us better acquainted with each other. [*Hear, hear.*] Such intercourse is calculated to soften the asperities of our nature, and check assumption of superiority, by enabling us more fully to appreciate each other's merits. [*Loud Cheers.*] In connexion with the toast "Prosperity to the Association," I give you the health of its founder, Sir Charles Hastings, long life to him. [*Applause.*] At public dinners, when the toast of the ladies is proposed, it is customary to call on the youngest bachelor to return thanks. I may, perhaps, be permitted to apply that rule to the present case, and call upon Dr. Millar, as the last-elected associate, to respond to this toast. [*Hear, hear.*]

Dr. MILLAR said that no man was ever more taken by surprise than he was, at the adroit manner in which the president had imposed upon him the important task of acknowledging the toast. [*Laughter.*] He thought the president had, up to this time, conducted the proceedings with great tact and ability; but now, in calling upon him, he had certainly made a great mistake. Individually he had derived great pleasure from what had taken place at the meeting that day; and he fully concurred in the observations of the President as to the beneficial effects of an interchange of ideas, amongst the members of the profession, which such meetings were calculated to induce. As a recently-elected member he, for one, was glad of this opportunity not only of uttering his own sentiments, but of hearing those of the profession generally. [*Cheers.*]

Dr. EDWARDS proposed the "Health of the President, R. Jones, Esq.," and complimented him upon the able and gentlemanly manner in which he had conducted the proceedings of the day. [*Cheers.*]

The PRESIDENT, in responding, said that looking at the efficient way in which the duties of the chair had been fulfilled by others before him, he scarcely hoped to give satisfaction. If he had been successful it was mainly owing to their assistance and indulgent consideration. Their morning's meeting, he was proud and happy to say, was one which he had not seen excelled on any former occasion. They had never had better or more profitable discussions. One subject, especially, appeared to be exhausted, and it was impossible to listen to what had been said without deriving both profit and pleasure. [*Cheers.*] Before he sat down he had a toast to propose. The prosperity and the respectability of the profession depended in an important degree upon the junior members, who had to carry on the work commenced by their predecessors. There never was a time when medical science was more ardently or more successfully cultivated than the present. [*Hear, hear.*] There never was a time when disease was more studied divisionally—the division of labour, of course, tending to produce great results. There was, consequently, a fine field for the exercise of ability in every department. With the healths of the junior members of the profession, he begged to connect the name of Mr. Morris Davies.

The VICE-CHAIRMAN gave the absent members, and took occasion to state that he had received letters from Mr. Griffith and Dr. Edward Williams, of Wrexham. Dr. Lloyd Williams, of Denbigh, and Mr. Lloyd, of Llangefni, regretting their inability to attend.

Dr. MILLAR proposed the health of "J. Morgan, Esq., Deputy-constable of Carnarvon Castle." This toast was responded to by Mr. Morgan.

The next toast from the chair was "The Magistracy of the County," with the health of Dr. Edwards.

Dr. EDWARDS returned thanks, and, as an old member, expressed the deep interest he felt in the welfare of the association, which he had joined with the conviction that it would do incalculable good to the profession and to the public, for those two interests should never be severed. Every step taken to enhance their status and professional knowledge, conferred an advantage on the public. He regretted that the number of members present was not larger. Some were unavoidably absent, but there were so many absent who ought to be present, that he could not excuse them.

The Vice-Chairman proposed "The Town and Trade of Carnarvon," coupled with the name of J. Morgan, Esq. Mr. Morgan returned thanks.

Mr. HAMILTON A. ROBERTS proposed "Success to the North Wales Branch of the British Medical Association." Their object in meeting was twofold—to promote the advancement of medical science, and to combine therewith sociability and conviviality. At the morning meeting papers had been read on medical subjects, cases of interest were brought forward, and discussions ensued; and, although there was necessarily a great clash of intellect, he was happy to say that on every occasion the utmost good feeling prevailed, which he regarded as one of the most important bearings of these meetings. He regretted to see the attendance so small. Out of between forty-five and fifty members, only fifteen were present to-day. He hoped there would be an improvement in this respect next year, for the more numerous the attendance, the greater would be the benefit. Their discussions, unlike the stern realities of war, more resembled the friendly encounters at a tournament. He coupled with the toast the name of Mr. Kent Jones, the indefatigable secretary (*cheers*).

Mr. KENT JONES returned thanks, and said, that in proportion to the number of medical men practising in North Wales, a larger number had joined this Branch than any other Branch of the Association.

Dr. EDWARDS gave the health of the President-Elect, Mr. Theed, of Rhyl.

The VICE-PRESIDENT proposed "The health of Dr. Williams, Wrexham, the late President."

Dr. MILLAR proposed "The health of Dr. Owen Roberts, St. Asaph," and cordially thanked him for the valuable paper communicated to the meeting that morning.

Dr. ROBERTS returned thanks; and trusted that what he had done, would induce others to bring forward more interesting facts at the next annual meeting at Rhyl.

The PRESIDENT, in highly complimentary terms, proposed the health of a former pupil, now in practice at Carnarvon, "Dr. Maugham," who acknowledged the compliment.

Mr. SALISBURY gave the health of "H. A. Roberts, Esq.," one of their most distinguished members.

Mr. ROBERTS returned thanks.

The MAYOR proposed "The health of Mr. Salisbury."

Dr. EDWARDS proposed a toast, "To their next anniversary meeting." He wished to know whether it was definitely settled that Rhyl, as the central point, should in future be the place of meeting every year.

The CHAIRMAN said it was settled.

Dr. EDWARDS (who was not present in the early part of the day) also asked whether any steps had been taken as to the vexed question of Medical Reform?

Mr. HAMILTON ROBERTS: None whatever!

Dr. EDWARDS was very glad of it, for as yet they did not know what was about to be done, and if they interfered they might do so in the wrong direction. He thought that too much was expected of the legislature. The reform of the profession should come from within—every individual member ought to contribute to it. A better preliminary education, so as to pass a more scientific examination, must be insisted upon. This, more than any Act of Parliament, would raise the status of the profession. [*Hear, hear.*]

The President proposed "The Press," coupled with the health of Mr. Thomas Williams, of the 'Carnarvon and Denbigh Herald,' who acknowledged the toast.

The meeting then separated.

CAMBRIDGE AND HUNTINGDON BRANCH: ANNUAL MEETING.

THE Annual Meeting of the Cambridge and Huntingdon Branch was held at Wisbeach, on Thursday, July 8th: JOHN WHITSED, M.D., President, in the Chair. There were also present: S. Burman, Esq. (Wisbeach); T. Cammack, M.D. (Spalding); H. Ewen, Esq. (Long Sutton); C. Farrar, M.D. (Chatteris); F. Fawsett, Esq. (Wisbeach); W. Few, Esq. (Ramsey); J. Gardiner, Esq. (Downham Market); W. Groom, Esq. (Wisbeach); J. V. Hawkins, M.D. (King's Lynn); J. Hemming, Esq. (Upwell); C. Hodgson, Esq. (Bishop's Stortford); W. H. Hole, Esq. (Wisbeach); G. M. Humphry, Esq.

(Cambridge); W. E. Hunter, M.D. (King's Lynn); T. Kendall, Esq. (King's Lynn); G. Lade, M.D. (King's Lynn); R. I. Metcalfe, Esq. (Tydd St. Mary); E. Morris, M.D. (Spalding); J. Newham, Esq. (Doddington); L. Newton, Esq. (Alconbury); T. O'Connor, Esq. (March); B. Pinchard, Esq. (Cottenham); G. Porter, Esq. (Peterborough); H. T. L. Rooke, M.D. (Wisbeach); W. Smith, Esq. (Wisbeach); T. Stiles, Esq. (Pinchbeck); W. J. Tubbs, Esq. (Upwell); T. G. Wales, jun., Esq. (Downham Market); W. Walford, Esq. (Cambridge); T. Walker, M.D. (Peterborough); W. C. Wilkinson, Esq. (Spalding); H. Wright, Esq. (March).

The President delivered an address, which is published at p. 581.

CASES AND COMMUNICATIONS.

The following papers, etc., were read:—

1. Cases of Hydatids passed from the Kidney during Life. By J. Whitsed, M.D., and H. Ewen, Esq.

2. Case of Gunshot-Wound of the Chest. By W. H. Hole, Esq. This elicited highly interesting and instructive remarks on the treatment of gunshot wounds in the Crimean campaign, by Dr. Rooke.

3. On Diphtheria. By T. Stiles, Esq. This interesting paper contained the results of 350 cases of the disease which had come under the author's notice during the last six weeks, in a population of 3,000 persons.

4. Excision of the Knee. A successful case of excision of the knee by Mr. Burman was exhibited: the patient could walk eight or nine miles a day. In another case, operated on by Mr. Tubbs, firm union had not taken place.

5. Excision of the Ankle. By G. M. Humphry, Esq. In this case, the excision had been made at the outer ankle, and the articular surfaces of the tibia, fibula, and astragalus, removed without division of the tendo Achillis, or of the extensor tendons or anterior tibial artery. Firm union had taken place, and the patient could walk well.

6. Amussat's Operation. A Case of Recovery after the Performance of Amussat's Operation on the Colon, by Mr. Humphry, was also shown.

7. Bronzed Skin. Dr. Whitsed related a case of bronzed skin, in which the suprarenal capsules were quite wasted.

Dr. Kendall also related a case in which the capsules were diseased.

Dr. Walker related a case in which the bronze colour was very marked, but the suprarenal capsules were quite healthy; also two cases, one of malignant, the other of tubercular disease of the capsules, in which there was no bronzing.

The following cases were stated to have occurred in Addenbrooke's Hospital:—

Case I. John Burrage, aged 27, single, of dark complexion, a farm labourer, living in an ague district, had been ill three years with "jaundice". He was admitted on a Wednesday, and died of exhaustion on the Friday following. The skin over the trunk was like that of a mulatto; the skin of the scrotum was nearly as dark as that of a negro.

Necropsy. No disease was found, except in the suprarenal capsules, one of which was totally disorganised; the other contained tubercular matter. Besides the colour of the skin being so dark, there were many spots quite black, varying in size from a pin's head to a swan-shot, scattered over the upper part of the trunk, neck, and arms; a smaller number over the legs. Over the face one could discover, on close examination, a number of spots, of about the size of large pins' heads, and situated deeper than freckles, for which they might have been mistaken by a careless observer.

Case II. Lara C. Yorke, aged 64, a fair man, with grey hair, a cabinet-maker, died after being ill five months with cough and debility. On *post mortem* examination, there was observed to be cancer of the lung, liver, and both suprarenal capsules. There was no bronzing.

Case III. Eliza Short, aged 39, married, a market woman, much exposed to weather, had been subject to rheumatism, and had had cough for a long time (years), with cardiac disease, but was able until lately to attend to business. She was very fair in complexion; the skin, where constantly covered, was very white. She died suddenly, after having made unusual exertion. On *post mortem* examination, there was found disease of the mitral valve; the orifice was very much contracted, so as to admit just the point of the forefinger. There was a tumour in the right suprarenal capsule. There had been no bronzing.

Case IV. John Phillips, aged 25, a cabinet-maker, had been ill with renal disease for six months (?), probably longer. The urine was loaded with albumen; his extremities were anasarcous. He was fair, with hair inclining to red; the face was freckled; there was no bronzing. On *post mortem* examination, there was found Bright's disease of the kidney, and a tumour in one of the suprarenal capsules.

Case V. Joseph Bilton, aged 64, had had stricture of the urethra for twenty years. His skin was dark, but not sufficiently so to attract particular attention. On *post mortem* examination, there was found cancer of the suprarenal capsules, as well as of other abdominal organs.

8. Three cases of Diabetes Mellitus treated by Pepsine, with general Good Result. By W. H. Hole, Esq.

[The papers 2 and 3 will be published in the Journal.]

PLACE OF MEETING IN 1859.

It was agreed that the next meeting be held at Bishop's Stortford; and that H. Cribb, Esq., be requested to act as President.

The members and their friends dined together.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, May 25th, 1858.

Sir C. Locock, Bart., M.D., President, in the Chair.

CASE OF EXCISION OF THE ELBOW-JOINT, IN WHICH A CONSIDERABLE LENGTH OF BONE WAS REMOVED.

BY JOHN TUDOR, ESQ.

[*Communicated by* George Busk, Esq., F.R.S.]

The patient was a Lascar seaman, a native of Bengal, aged 24, who was admitted into the Hospital on July 31st, 1857. The left elbow-joint was completely destroyed, and surrounded with pus, while motion was attended with a distinct rough grating sensation; the general condition of the man being unfavourable. His health having improved very much, resection of the joint was performed in the following manner, on the 26th of August:—A longitudinal cut being made on the inner side parallel with the ulnar nerve, and carried to about four inches in length, was joined by a second incision extending transversely across the back of the joint from one condyle to the other. The olecranon being removed by the bone forceps, so extensive an amount of disease of the humerus was revealed as to necessitate the prolongation of the longitudinal incision to the extent of a further inch and a half, and the removal of fully three inches of the lower extremity of the bone. The head of the radius was then excised within its capsular ligament, with about three quarters of an inch more of the ulna. The case progressed favourably. The man was exhibited to the Society at its meeting on May 11th, 1858, when the arm was found to have regained considerable strength; so much so, indeed, that underhanded he could lift a heavy chain and carry a bucket. When the arm was allowed to hang loosely by the side, the interval between the extremities of the bones did not appear to exceed half an inch; but when it was flexed, they could be brought into close approximation, and it could be felt that the humerus was much expanded, so as in a great measure to compensate for the natural condyloid extremity as a base of support, while a corresponding osseous growth on the ulna might be regarded as representing the olecranon. It was thus proved that at least five inches of bone might be removed in excision of the elbow-joint, and, nevertheless, an efficient member retained, with an articulation capable of useful and extensive motion. (The portions of bone removed were exhibited to the Society.)

Mr. Spencer Smith exhibited to the Society the portions of bone removed from the elbow-joint of a man in the Middlesex Hospital by Mr. De Morgan, which in curiously minute particulars most closely resembled those in Mr. Tudor's case, save that the portion of the ulna was not quite so large. The case was going on equally well, but the operation having been performed on the 10th of December only, and the patient having had to contend with the healing of a large pectoral abscess, the false joint was not so strong as in Mr. Tudor's case.

Mr. Skey, whilst admitting that in the elbow-joint excision was more apposite than in any other joint of the body, and that the amount of success had been great in proportion, considered that, as at present there was a great leaning in favour

of resection, it would be well that the rules regarding the operation should be more clearly defined. He inquired of the author of the paper whether there was evidence before the operation of the case being one of necrosis rather than of disease of the joint itself, and whether it was necessary that portions of the radius and ulna should be extensively removed. Seeing Mr. Fergusson present, he would inquire of him, as the highest authority on this matter, whether it was necessary in cases of excision of the elbow-joint, to remove the articular surfaces of the bones of the fore-arm, or, as a general rule, whether he would not be content to remove only the portions of the humerus that were diseased.

Mr. FERGUSSON considered it probable that the disease in the elbow-joint in this case might have been secondary, that necrosis of the lower end of the humerus might have existed, and that the inflammation consequent upon this extended to the joint, forming a formidable disease of the articulation. He thought the author of the paper had performed the best operation that could be in the case. His own experience went to show that it was better for the patient that the opposing articulating surfaces of a diseased joint should be removed at the same time. He said that the operation of resection of the elbow-joint had been performed so frequently, that little remained to be known about it. The surgeon could, of course, modify his incisions at will in any given case. He defended the practice of excising joints in proper cases.

Mr. SKEY was anxious that great care should be exercised in the selection of cases for resection, especially by young surgeons—a care which he thought in some instances had not been employed.

Mr. TUDOR had not expected, when he commenced the operation, to have to proceed to so great an extent as he afterwards found to be necessary; but he deemed it safer, on finding the amount of disease to be so great, to remove the bones as he did.

CASE OF HYDATIDS OF THE TIBIA.

BY WM. COULSON, ESQ., F.R.C.S.

The patient, a female, aged 25, was admitted into St. Mary's Hospital on October 20th, 1857, with a swelling of the size of an orange in the front of the right leg, just below the tuberosity of the tibia. In the centre of the swelling there was a small ulcer, and the surrounding integuments were red and swollen. The discharge, which was not considerable, was found to contain acephalocysts. It appeared from her history that eight years previously the patient had received a kick on the front of the right tibia, a little below the insertion of the ligamentum patellæ, which injury was soon followed by a swelling which increased in a gradual and steady manner until it attained the size of a hen's egg. Slight pain attended the growth, but no great inconvenience was felt until four years ago, when, the pain becoming severe, the tumour was frequently blistered with relief, but the swelling remained in much the same condition until the beginning of August last, at which time it first gave way spontaneously, and matter containing acephalocysts was discharged. The anterior wall of the tumour, containing a large hydatid about to escape, was removed with the saw and bone-forceps, and a cavity was exposed, which extended within half an inch of knee-joint and two inches or more down the shaft, and from which a considerable number of hydatids were removed. The whole of the cavity was lined by a white glistening membrane. After removal of all the hydatids to be found, Mr. Coulson rubbed the lining membrane of the cavity freely with solid nitrate of silver, and filled it with cotton wool. The woman was discharged on the 5th of February, with the wound nearly healed.

Mr. SKEY spoke of the difficulty of diagnosing diseases of bone, particularly of the tibia. He related the case of a child which had come under his care some time since. The patient had a considerable swelling of the upper end of the tibia, near its head. This gradually increased in size for seven years, until it attained an enormous magnitude. The motion of the knee-joint, however, remained perfect. The cavity was laid open, and was found to contain upwards of a pint of enchondromatous matter. The walls of the tibia were as thin as a sheet of paper. The cavity was filled with lint. The limb was restored in about eighteen months, the walls of the cavity having fallen in, and the bone become solidified. The operation had been performed two years and a half ago; the patient was seventeen years old at present; and in a year or two would, no doubt, have a useful limb.

Mr. OBRÉ had seen the case related by the author and could confirm his description of it. At first it was supposed that no echinococci were present, but they were distinctly seen afterwards.

CASE OF FIBROUS POLYPUS OF THE URINARY BLADDER; WITH OBSERVATIONS. BY JOHN BIRKETT, ESQ., F.R.C.S.

The new growths developed in the bladder might be thus described:—1, papilloma; 2, fibrous polypus; 3, vi[illegible]ous growths; 4, epithelioma; 5, carcinoma, and infiltrating nd tuberous.

It was upon the second class that the author desired to concentrate attention. This growth resembled in every anatomical particular the "nasal polypus," which was the true type of the disease. These growths occurred very rarely, and the author could find only ten cases, the description of which accorded with that about to be given. Warner, Baillie, Walter, Crosse, Savory, Chopart, and Petit, each related a case, and to these three others were added. A girl, five years of age, came under Mr. BIRKETT's care, in Guy's Hospital, in December 1857. She was in a most cachectic state; and her mother said she had been ill about two months. At that time she complained of pain in the hypogastric region, which was soon followed by dysuria, and at last retention of urine. A catheter was used to relieve this difficulty. When admitted, the urine dribbled away; but unless a catheter was introduced, the bladder became immediately distended. The urine was ammoniacal, contained mucus and blood, and was very offensive. The constitutional powers of the patient were much reduced; but after nutritious diet and tonics, the child's powers rallied, and she became a little stronger. In order to examine the bladder with more care, the patient was placed under the influence of chloroform, and then the contracted bladder was discovered to be filled with a solid growth, a portion of which had dilated the urethra, and protruded between the vulva. A ligature was applied round the pedicle of the protruding portion, which eventually sloughed off. Some days after this, the patient became very ill, and died on the twenty-fifth day after admission. In the right kidney there were suppuration, dilated ureters, and pyelitis. The walls of the urinary bladder were hypertrophied, and its cavity was dilated. Attached to the anterior wall of the viscus and the meatus, were pedunculated growths, which had dilated the meatus, and protruded through it. These consisted of delicate fibre tissue covered with epithelium. The progressive stages of the disease were next alluded to, and the cause of death in this, as well as in other cases of a like nature, was traced to irritation excited along the track of the urinary mucous membranes. Remarks were then made upon the differential diagnosis of this disease, and those known by the name of "vascular fungus," "epithelioma," and "medullary cancer;" and it was observed that, while in polypus little or no hæmorrhage occurred, bleeding on the contrary was diagnostic of the other growths. From calculus these growths might be distinguished by the absence of sound. A foreign body might be detected in the bladder by the sense of touch, but it could not be sounded. In reference to treatment, the morbid specimens demonstrated that very little hope can be entertained of doing good by surgical interference; but when practicable, a ligature might be safely placed around the pedicle of the growth. The paper was illustrated by drawings of the morbid specimen in its fresh state, as well as by two preparations of the disease itself.

Mr. COULSON believed that the tumours mentioned in the paper had been described by some authors as villous growths, some of which are of a non-malignant and others of a malignant kind, the former being by far the most rare. He would not now allude to symptoms of tumours in the bladder; but assuming that the existence of a growth had been determined, an important practical point arose—whether the tumour was of a malignant character. Considering the frequency of malignant growths in the bladder, he thought the differential diagnosis could be made out. In malignant growths the symptoms manifested themselves more suddenly, with pain and hæmorrhage; the pain also was more deeply seated, as the malignant tumours usually grew from the discs, whilst the non-malignant had their origin near the neck. The hæmorrhage likewise was more severe, continuing during the progress of the disease and exhausting the patient. But there was another point of still more importance, to which he (Mr. Coulson) first called the attention of the profession in 1848, and the accuracy of which had been confirmed by the observations of Dr. Rees and others. He alluded to the microscopical examination of the urine and of the *débris* which it

contained in which cancer cells could be discovered. In these cases, even the blood passed exhibited a different appearance. As regarded the treatment in malignant cases, it could only be of a palliative kind, to lessen pain and restrain the hæmorrhage in the non-malignant cases the propriety of interference must depend on the circumstances of each particular case, but the results of operations had not been hitherto of an encouraging kind.

Mr. FERGUSSON would have been glad if the author had been more distinct in his account of the cases detailed—as to their occurrence in males and females, and in young or old persons. He (Mr. Fergusson) had frequently met with large masses, like those described, connected with the prostate gland in the operations for stone. These he sometimes returned into the bladder, but occasionally they came out as readily as the stone itself. In some instances they were found to be attached by a very thin pedicle, and could be removed with comparative facility. In one instance the tumour, consisting of the enlarged middle lobe of the prostate, was quite isolated and surrounded by the mucous membrane of the bladder. It caused great difficulty in micturition, from which the patient suffered more than from the symptoms of stone. After the stone was removed, he took away the projecting portion of the prostate with the lithotomy forceps. He related a case in which a patient died with all the symptoms of stone. After death a small projection was found in the neck of the bladder, appearing to grow from the prostate gland, and to be surrounded entirely by mucous membrane. It was attached by a thin pedicle, and when the patient wanted to pass urine it dropped into the neck of the bladder. If a surgeon could diagnose such a case, he thought he would be justified in making an incision as in the operation for stone, and removing the offending body.

Mr. HENRY THOMPSON called attention to the broad distinction which existed between that rare form of tumour described in the paper and those tumours commonly called "villous." The first, or fibrous polypus were simple protrusions at first of the mucous membrane, and were to be met with occasionally in various parts of the body in connection with that membrane. Their mode of formation was particularly described by Rokitansky. On the other hand, the villous tumour was, as its name indicated, truly a villous structure, precisely resembling the villi of the chorion, and it was an extremely interesting fact that there existed this homology between the diseased and healthy structure. None of these had any title to the term "malignant" in its ordinary sense. They were wholly unrelated to cancer, and caused death, not by infecting the system or involving neighbouring parts by their ravages, but simply by producing hæmorrhage. Each minute villus was a vascular body of a delicate kind, which was easily ruptured, and permitted bleeding to take place. With respect to Mr. Fergusson's remark relating to the removal of pedunculated tumours from the bladder, he was quite satisfied that in most of those rare cases in which they did exist their presence might be verified by careful sounding during life.

Mr. BIRKETT said that the disease he had described was altogether different from the villous tumour; it was not malignant. During twenty-five years experience in Guy's Hospital he had never seen a single case of anything like a portion of the prostate being drawn away with the forceps.

TUESDAY, JUNE 8TH, 1858.

SIR C. LOCOCK, Bart., M.D., President, in the Chair.

ON THE IODIDE OF CALCIUM. BY L. PIDDUCK, M.D.

The object of this paper was to bring before the Society a new preparation of iodine in combination with lime. The history of the salt and the mode of preparing it, its solution, and some of its compounds with other articles of the Materia Medica, were published in the *Lancet* of Dec. 8th, 1855. Since that time it had been used extensively in public and private practice, with satisfactory results. It had not been brought forward with a view to supersede the valuable preparations of iodine already in use, but as a preparation which might be used in cases wherein the iodide of potassium was inadmissible. Its advantages were: that the solution given in milk was tasteless; that being readily decomposed by the weak acid of the stomach, it was presented for absorption in a state of atomic division; that it did not excite the circulation, nor irritate the stomach and bladder by passing off too rapidly by the kidneys; that it did not occasion iodism nor resorption of the healthy tissues. The diseases for which it had been successfully prescribed by the author, besides those strumous affections for which the other preparations of iodine were generally used, were: chronic catarrh and bronchitis; incipient phthisis; squamous diseases of the skin; chronic metallic poisoning by mercury, lead, and copper. Under its administration the gums had become healthy, the fetor of the breath had been removed, the neuralgic pains had been relieved, and the patient's health had been restored. The forms in which it had been prescribed were: the simple solution; the solution and compound fluid extract of sarsaparilla, and fluid extract of dandelion; the solution and tincture of sesquichloride of iron; and with other tonic and bitter vegetable infusions not containing starch.

RESEARCHES ON GOUT. BY A. B. GARROD, M.D.

The author divided his communication into two parts; in the first were detailed the results of his analysis of the urine in the different forms of gout; the second was devoted to the consideration of the influence of the different forms of colchicum upon the urinary secretion. After describing the method of analysis employed in arriving at his results, and speaking of the opinions usually held upon the subject of the urine in gout, Dr. Garrod proceeded with the first part of his paper, the cases in which he subdivided into three classes.

CLASS I consisted of cases of acute gout, occurring in patients most of whom in the intervals of the attacks enjoyed pretty good health. About thirty analyses for uric acid made on the twenty-four hours' urine of several different patients were detailed, and a few for the determination of urea; and from these the following deductions were drawn. In the earlier stages of acute gout, the urine, for the most part, is small in quantity, and the uric acid, measured by the twenty-four hours' secretion, is diminished; this acid is thrown out in much larger quantities as the disease becomes mitigated; and these amounts, even above the patient's daily average, may be passed, forming sometimes critical discharges; and, lastly, the acid again becomes lessened, although not to the extent which occurs either just before or at the commencement of an attack. The urea is usually thrown out in about the normal quantities, although its free elimination by the kidneys is often somewhat impeded, and, in consequence, the blood contains a small excess, which may possibly explain, in some measure, one peculiarity of gouty inflammation when it attacks superficial parts—namely, the presence of œdema and the subsequent desquamation of the cuticle. Occasionally a trace of albumen exists in the urine, but very seldom, compared with its occurrence in the chronic forms of the affection.

CLASS II included cases of chronic gout, the majority of which were not suffering from any urgent symptoms, but many were afflicted with some of the sequelæ of the affection, as shown by the concretions of urate of soda upon different parts of the body, and the stiffened condition of the joints. More than sixty analyses for uric acid were given in this class, made upon the day's urine of fourteen different individuals, and numerous determinations of urea were also detailed. The deductions from these observations may be thus summed up. The urine in chronic gout is usually rather pale in colour, below the average tint in the healthy subject, of low density, and increased in quantity. The amount of urea, except in extreme cases, is the same as in health (due account being taken of the diet of the patient at the time the urine passed). The uric acid is very much diminished indeed, and subject to excretion in very varied quantities at different times; and, lastly, the presence of a small amount of albumen is exceedingly frequent. Deposits in the urine are not of common occurrence in these subjects; but they occasionally occur on the cooling of the fluid, sometimes in the form of urate of soda or of ammonia, at other times as crystallised and more or less coloured rhombs of uric acid.

CLASS III included individuals who had suffered more or less frequently from attacks of acute gout, of varying degrees of intensity. The urine was examined at the time of complete freedom from any symptoms of the disease. Several determinations were made on the urine of six individuals, and the following results were arrived at. In no one of the six patients' urine did the amount of uric acid reach the quantity usually considered to be the average in health; in most of them it was far below; and it would appear that the kidneys in such individuals are apt to lose some of their excretory power for this substance, a circumstance which must necessarily render the blood impure, and account for the liability which such patients possess to periodic visitations of gout, and the great difficulty of effecting a radical cure.

The second part was devoted to an examination of the in-

fluence of colchicum upon the urine. The usual opinions held by different authorities, as Christison, Chelius, etc., upon the *modus operandi* of this drug were first related, and many of the analyses brought forward in their support were shown to be very fallacious, the error arising not from any fault in the analyses themselves, but from small specimens of urine, passed at particular times of the day, being examined, and no account taken of the twenty-four hours' elimination. Between fifty and sixty analyses, showing the amount of the uric acid eliminated, were given, together with numerous determinations of the urea. The results of these observations on the action of colchicum were as follows: In one case, where no gouty affection existed and no febrile disturbance was present, colchicum appeared to have the effect of slightly diminishing the quantity of urine, and likewise of diminishing somewhat the excretion of uric acid. In a second case, similar to the above, the influence of the medicine was notably to diminish the quantity of urine, the uric acid being slightly increased, but the increase was less than a quarter of a grain daily. In a third case, a gouty patient recovering from an acute attack, the uric acid was somewhat increased during the administration of colchicum, but not in a greater degree than frequently occurs under such circumstances when no medicine is given. In a fourth case both the urine and the uric acid were diminished by the influence of the drug; and so on for the other cases.

The author considered, as the results of his analyses—

1. There is no evidence that colchicum produces its effects upon the system by causing the kidneys to excrete an increased amount of uric acid, but that, in fact, the reverse would seem to hold good.

2. Colchicum is not always a diuretic, but often diminishes the renal secretion, especially when its action is exerted upon the alimentary canal.

3. Colchicum has no marked influence on the excretion of urea.

An appendix to the paper contained the results of seventy-two analyses, performed on consecutive days, of the urine of a gouty patient; and the results exemplified the peculiar mode in which uric acid is frequently eliminated in such cases, and also tended to confirm the conclusions arrived at with respect to the action of colchicum upon the excretion of this principle.

OBSERVATIONS RELATING TO EXCESS OF DIET AS A CAUSE OF DISEASE, AND ON ITS CONNEXION WITH A HITHERTO UNRECOGNISED HYPERTROPHIC CONDITION OF THE LUNGS. BY D. F. RENNIE, M.D.

The author stated that he was first led to an investigation of this subject on entering upon his duties as surgeon to the Convict Establishment at Fremantle, in June 1853, by noticing a remarkable prevalence of cutaneous eruptions and other affections which were entirely confined to the convicts, the explanation of which he discovered in their excessive diet, which consisted, amongst other articles, of 27 ozs. of bread, 16 ozs. of fresh meat, daily, some of the men being allowed even more, and each prisoner had also a daily allowance of ½ oz. of tobacco. It was noticed, that the re-convicted prisoners, who had less diet and no tobacco, suffered far less than the general body of the prisoners. It appears that the defective means of restraint was, in a great measure, the cause of this great allowance of food being continued by the convict authorities, on the ground that it facilitated their control by moral force. In December of the same year, ophthalmia and dysentery began to appear, and these, too, only amongst the prisoners, and for the most part taking the place of the cutaneous diseases, leading to the inference that they were mere local varieties of a general constitutional disorder, and, in most instances, were cases of pure metastasis of the cutaneous eruptions. The troops and population generally were entirely free from these complaints, so that there could be no reasonable doubt that they originated in the diet being in excess of the systemic demand; and it must be borne in mind that from October to May the temperature in Western Australia is almost tropical. Under these circumstances, Dr. RENNIE made strong remonstrances on the subject: but the convict authorities being unable to comprehend the scientific principles involved in the adaptation of diet to climate, and taking as a precedent the very large diet given in the English prisons, as well as being strongly prepossessed against any reduction of the scale on disciplinary grounds, received his suggestions unfavourably. The result was, that during the year 1854, with a daily average of 706 prisoners, 2921 cases of sickness occurred, of of which 1058 were treated in the hospital. Another urgent appeal was then made by Dr. Rennie, in which all the scientific bearings of the subject were fully discussed; and though the convict authorities still continued to oppose his views, Governor Fitzgerald ordered a medical board for the consideration of the question. This board, of which the principal medical officer was president, completely bore out the correctness of Dr. Rennie's objections to the diet, and recommended a gross weekly reduction of 136 oz. The reduction scale came into force on the 1st of June, 1855, and the results proved increasingly satisfactory, as there was abundant evidence by statistical tables to show. Dr. Rennie, having arrived at the conclusion that the immediate cause of disease amongst the convicts in this colony was an excess of food operating on men with impaired constitutions, and consequently with impaired powers of digestion, devoted himself to an inquiry into the physical cause, which he felt satisfied was developed previous to their arrival in that colony, and succeeded in identifying it with a hypertrophied condition of the pulmonary parenchyma, and a remarkably adherent state of the abdominal and thoracic viscera, generally unaccompanied by tubercular deposition, or any indications whatever of previous inflammatory action, and leading him to believe it to be a pure form of hypernutrition. The proofs and evidences which led to this conclusion were entered into at great length, as also the appearances, which, with few exceptions, were found in upwards of eighty *post mortem* examinations. The portions of lung found most hypertrophied were the upper part of the right lung, and the lower portions behind. The lung tissue in these parts resembled the appearance described by Laennec as carnification, and at first the condition was viewed as one of chronic pneumonia, but this was disproved by the fact that it was present in nearly every case, and also that, almost without exception, the men so affected never had been, and were not at the time, affected with any symptom of chest disease. Dr. Rennie therefore attributed these abnormal symptoms and appearances to the prolonged operation of a diet too bulky and nutritious for the peculiar circumstances (hot cells and sedentary occupations) under which the convicts are placed during the earlier portions of their imprisonment in England. As the question has naturally presented itself as to whether these extraordinary appearances were developed before or after the prisoners landed in western Australia, and with the view of ascertaining the condition of the respiratory organs, Dr. Rennie availed himself of the opportunity of examining upwards of fifty men immediately on their coming to shore, and in almost every case found a marked difference between the capacity of the two lungs for containing air, the functions of the right one being almost invariably most defective. In most cases there was, in addition, a general absence of healthy respiration, and, curiously, the more so in those men who had previously been totally free from chest diseases. All this, Dr. Rennie thinks, strikes at the root of the whole dietetic system pursued during the earlier period of the confinement in England, the state of these convicts with respect to sickness contrasting strongly with that of the inmates of the military prison, who have a simple, wholesome, and yet ample diet, and plenty of exercise in the open air; whereas the convicts, during the first twelve months of their imprisonment, are shut up like hot-house plants in a warm cell, employed at a sedentary occupation, and placed on a diet double that allowed to the military prisoners.

Dr. WEBSTER remarked that Dr. Rennie had laid down some novel principles in his paper. He agreed with him in thinking that the prisoners to whom he referred received too much animal food; but much would depend upon whether they had any hard labour to undergo, in which case the bad effects of the too nutritive diet would be counteracted. He did not agree with the author in thinking that prisoners in England were overfed. There was no class of prisoners so healthy as the criminals confined in London prisons, which he believed was greatly owing to the excellent diet. In Denmark the prisoners received no beef, but were given horse-flesh instead, and their health was very good.

Dr. MURCHISON said that the diseases to which the prisoners in Australia were subject were probably of a tubercular nature, and occasioned by their close confinement.

Dr. BALY observed that the diet of the prisoners had been several times reduced, and was now assimilated to the diet in English prisons. Dr. Rennie desired a still further reduction, but this was not permitted. He (Dr. Baly) could not agree in the conclusions of the author, who did not appear to be a careful observer. He did not believe that dysentery and constipa-

contained in which cancer cells could be discovered. In these cases, even the blood passed exhibited a different appearance. As regarded the treatment in malignant cases, it could only be of a palliative kind, to lessen pain and restrain the hæmorrhage. In the non-malignant cases the propriety of interference must depend on the circumstances of each particular case, but the results of operations had not been hitherto of an encouraging kind.

Mr. Fergusson would have been glad if the author had been more distinct in his account of the cases detailed—as to their occurrence in males and females, and in young or old persons. He (Mr. Fergusson) had frequently met with large masses, like those described, connected with the prostate gland in the operations for stone. These he sometimes returned into the bladder, but occasionally they came out as readily as the stone itself. In some instances they were found to be attached by a very thin pedicle, and could be removed with comparative facility. In one instance the tumour, consisting of the enlarged middle lobe of the prostate, was quite isolated and surrounded by the mucous membrane of the bladder. It caused great difficulty in micturition, from which the patient suffered more than from the symptoms of stone. After the stone was removed, he took away the projecting portion of the prostate with the lithotomy forceps. He related a case in which a patient died with all the symptoms of stone. After death a small projection was found in the neck of the bladder, appearing to grow from the prostate gland, and to be surrounded entirely by mucous membrane. It was attached by a thin pedicle, and when the patient wanted to pass urine it dropped into the neck of the bladder. If a surgeon could diagnose such a case, he thought he would be justified in making an incision as in the operation for stone, and removing the offending body.

Mr. Henry Thompson called attention to the broad distinction which existed between that rare form of tumour described in the paper and those tumours commonly called "villous." The first, or fibrous polypus were simple protrusions at first of the mucous membrane, and were to be met with occasionally in various parts of the body in connection with that membrane. Their mode of formation was particularly described by Rokitansky. On the other hand, the villous tumour was, as its name indicated, truly a villous structure, precisely resembling the villi of the chorion, and it was an extremely interesting fact that there existed this homology between the diseased and healthy structure. None of these had any title to the term "malignant" in its ordinary sense. They were wholly unrelated to cancer, and caused death, not by infecting the system or involving neighbouring parts by their ravages, but simply by producing hæmorrhage. Each minute villus was a vascular body of a delicate kind, which was easily ruptured, and permitted bleeding to take place. With respect to Mr. Fergusson's remark relating to the removal of pedunculated tumours from the bladder, he was quite satisfied that in most of those rare cases in which they did exist their presence might be verified by careful sounding during life.

Mr. Birkett said that the disease he had described was altogether different from the villous tumour; it was not malignant. During twenty-five years experience in Guy's Hospital he had never seen a single case of anything like a portion of the prostate being drawn away with the forceps.

Tuesday, June 8th, 1858.

Sir C. Locock, Bart., M.D., President, in the Chair.

ON THE IODIDE OF CALCIUM. BY L. PIDDUCK, M.D.

The object of this paper was to bring before the Society a new preparation of iodine in combination with lime. The history of the salt and the mode of preparing it, its solution, and some of its compounds with other articles of the Materia Medica, were published in the *Lancet* of Dec. 8th, 1855. Since that time it had been used extensively in public and private practice, with satisfactory results. It had not been brought forward with a view to supersede the valuable preparations of iodine already in use, but as a preparation which might be used in cases wherein the iodide of potassium was inadmissible. Its advantages were: that the solution given in milk was tasteless; that being readily decomposed by the weak acid of the stomach, it was presented for absorption in a state of atomic division; that it did not excite the circulation, nor irritate the stomach and bladder by passing off too rapidly by the kidneys; that it did not occasion iodism nor resorption of the healthy tissues. The diseases for which it had been successfully prescribed by the author, besides those strumous affections for which the other preparations of iodine were generally used, were: chronic catarrh and bronchitis; incipient phthisis; squamous diseases of the skin; chronic metallic poisoning by mercury, lead, and copper. Under its administration the gums had become healthy, the fetor of the breath had been removed, the neuralgic pains had been relieved, and the patient's health had been restored. The forms in which it had been prescribed were: the simple solution; the solution and compound fluid extract of sarsaparilla, and fluid extract of dandelion; the solution and tincture of sesquichloride of iron; and with other tonic and bitter vegetable infusions not containing starch.

RESEARCHES ON GOUT. BY A. B. GARROD, M.D.

The author divided his communication into two parts; in the first were detailed the results of his analysis of the urine in the different forms of gout; the second was devoted to the consideration of the influence of the different forms of colchicum upon the urinary secretion. After describing the method of analysis employed in arriving at his results, and speaking of the opinions usually held upon the subject of the urine in gout, Dr. Garrod proceeded with the first part of his paper, the cases in which he subdivided into three classes.

Class I consisted of cases of acute gout, occurring in patients most of whom in the intervals of the attacks enjoyed pretty good health. About thirty analyses for uric acid made on the twenty-four hours' urine of several different patients were detailed, and a few for the determination of urea; and from these the following deductions were drawn. In the earlier stages of acute gout, the urine, for the most part, is small in quantity, and the uric acid, measured by the twenty-four hours' secretion, is diminished; this acid is thrown out in much larger quantities as the disease becomes mitigated; and these amounts, even above the patient's daily average, may be passed, forming sometimes critical discharges; and, lastly, the acid again becomes lessened, although not to the extent which occurs either just before or at the commencement of an attack. The urea is usually thrown out in about the normal quantities, although its free elimination by the kidneys is often somewhat impeded, and, in consequence, the blood contains a small excess, which may possibly explain, in some measure, one peculiarity of gouty inflammation when it attacks superficial parts—namely, the presence of œdema and the subsequent desquamation of the cuticle. Occasionally a trace of albumen exists in the urine, but very seldom, compared with its occurrence in the chronic forms of the affection.

Class II included cases of chronic gout, the majority of which were not suffering from any urgent symptoms, but many were afflicted with some of the sequelæ of the affection, as shown by the concretions of urate of soda upon different parts of the body, and the stiffened condition of the joints. More than sixty analyses for uric acid were given in this class, made upon the day's urine of fourteen different individuals, and numerous determinations of urea were also detailed. The deductions from these observations may be thus summed up. The urine in chronic gout is usually rather pale in colour, below the average tint in the healthy subject, of low density, and increased in quantity. The amount of urea, except in extreme cases, is the same as in health (due account being taken of the diet of the patient at the time the urine passed). The uric acid is very much diminished indeed, and subject to excretion in very varied quantities at different times; and, lastly, the presence of a small amount of albumen is exceedingly frequent. Deposits in the urine are not of common occurrence in these subjects; but they occasionally occur on the cooling of the fluid, sometimes in the form of urate of soda or of ammonia, at other times as crystallised and more or less coloured rhombs of uric acid.

Class III included individuals who had suffered more or less frequently from attacks of acute gout, of varying degrees of intensity. The urine was examined at the time of complete freedom from any symptoms of the disease. Several determinations were made on the urine of six individuals, and the following results were arrived at. In no one of the six patients' urine did the amount of uric acid reach the quantity usually considered to be the average in health; in most of them it was far below; and it would appear that the kidneys in such individuals are apt to lose some of their excretory power for this substance, a circumstance which must necessarily render the blood impure, and account for the liability which such patients possess to periodic visitations of gout, and the great difficulty of effecting a radical cure.

The second part was devoted to an examination of the in-

fluence of colchicum upon the urine. The usual opinions held by different authorities, as Christison, Chelius, etc., upon the *modus operandi* of this drug were first related, and many of the analyses brought forward in their support were shown to be very fallacious, the error arising not from any fault in the analyses themselves, but from small specimens of urine, passed at particular times of the day, being examined, and no account taken of the twenty-four hours' elimination. Between fifty and sixty analyses, showing the amount of the uric acid eliminated, were given, together with numerous determinations of the urea. The results of these observations on the action of colchicum were as follows: In one case, where no gouty affection existed and no febrile disturbance was present, colchicum appeared to have the effect of slightly diminishing the quantity of urine, and likewise of diminishing somewhat the excretion of uric acid. In a second case, similar to the above, the influence of the medicine was notably to diminish the quantity of urine, the uric acid being slightly increased, but the increase was less than a quarter of a grain daily. In a third case, a gouty patient recovering from an acute attack, the uric acid was somewhat increased during the administration of colchicum, but not in a greater degree than frequently occurs under such circumstances when no medicine is given. In a fourth case both the urine and the uric acid were diminished by the influence of the drug; and so on for the other cases.

The author considered, as the results of his analyses—

1. There is no evidence that colchicum produces its effects upon the system by causing the kidneys to excrete an increased amount of uric acid, but that, in fact, the reverse would seem to hold good.

2. Colchicum is not always a diuretic, but often diminishes the renal secretion, especially when its action is exerted upon the alimentary canal.

3. Colchicum has no marked influence on the excretion of urea.

An appendix to the paper contained the results of seventy-two analyses, performed on consecutive days, of the urine of a gouty patient; and the results exemplified the peculiar mode in which uric acid is frequently eliminated in such cases, and also tended to confirm the conclusions arrived at with respect to the action of colchicum upon the excretion of this principle.

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Under these circumstances, Dr. RENNIE made strong remonstrances on the subject: but the convict authorities being unable to comprehend the scientific principles involved in the adaptation of diet to climate, and taking as a precedent the very large diet given in the English prisons, as well as being strongly prepossessed against any reduction of the scale on disciplinary grounds, received his suggestions unfavourably. The result was, that during the year 1854, with a daily average of 706 prisoners, 2921 cases of sickness occurred, of of which 1058 were treated in the hospital. Another urgent appeal was then made by Dr. Rennie, in which all the scientific bearings of the subject were fully discussed; and though the convict authorities still continued to oppose his views, Governor Fitzgerald ordered a medical board for the consideration of the question. 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Dr. BALY observed that the diet of the prisoners had been several times reduced, and was now assimilated to the diet in English prisons. Dr. Rennie desired a still further reduction, but this was not permitted. He (Dr. Baly) could not agree in the conclusions of the author, who did not appear to be a careful observer. He did not believe that dysentery and constipa-

tion were produced by over-feeding. With regard to the admissions to which reference had been made, they were not more frequent in convicts than in persons of the same class who died in hospitals, except so far as they might be produced by tubercular disease; and when that disease was discovered in the convict, it was well known that an addition to the food would often arrest it. The author's account of what he had denominated hypertrophy of the lungs, was, he believed, incorrect, and he (Dr. Baly) regretted that such a paper should have been read before the Society.

Editor's Letter Box.

ST. ANDREW'S GRADUATES, AND THE UNIVERSITIES OF SCOTLAND BILL.

Sir,—So far as I am able to learn, the Scottish Universities Bill which has just passed the House of Commons, excludes a very large number of "Doctors of Medicine" from a seat in the General Council, by enacting that only such doctors as have, "as matriculated students of the University, given regular attendance on classes in any of the faculties in the University during four complete sessions," shall enjoy the privilege. I am fain to believe that this regulation only refers to the *future*, and that all *existing* Medical Graduates are deemed eligible for membership in the Council.

If I am correct in my supposition that the clause refers to the past as well as to the future, what, I ask, ought to be the conduct of the graduates in medicine of St. Andrew's with reference to this wholesale disregard of their simple rights? It is well known that one distinguishing and liberal feature of the University of St. Andrew's is the admission to examination of all and sundry who can show certificates of their attendance upon the requisite classes in *any* university or school of medicine, or who can present a surgical diploma from any of the three Colleges of Surgeons. In fact, the University has *no* school of medicine; and consequently *every* medical graduate, however distinguished his attainments may be (except, indeed, he should be a Master of Arts of the University), will be ignominiously excluded; and *all* graduates in Art, and every *untested, unexamined* attendant on the classes in Arts for two sessions, and on any other classes for two sessions more, preferred before them. I hope the powerful and respectable body of St. Andrew's medical graduates, under the able leadership of Dr. Richardson, will again do battle for the right. Their services have been successful in obtaining justice under the Medical Reform Bill; and I doubt not but the House of Lords will award the simple justice of their demand for the natural privileges belonging to their position as graduates of the oldest, and certainly not the least efficient, of the Universities of Scotland.

I am, etc., A St. Andrew's Doctor.

July 14th, 1858.

HOSPITAL AND DISPENSARY ABUSES.

Sir,—Some discussion has taken place, several times during the last few years, on the abuses attending our present system of hospital and dispensary relief; but I believe that not much reform will be effected until specific instances of abuse are pointed out; for vague denunciations do not hit anybody, and therefore nobody attends to them.

A female patient of mine, a person in easy prosperous circumstances, goes to Weymouth one day this summer by an excursion train. She is informed by a friend that there is a quasi-dispensary in the town, at which a Dr. Smith and another medical man attend, who give free advice and a prescription to every applicant. Poverty forms no special claim to admission, as my patient was attired that day in particularly bright holiday costume. On my remonstrating with her, I am told that there were numbers of respectable people besides herself sitting in the waiting-room; and she expressed herself as much pleased with Dr. Smith, who gave her case a good deal of careful investigation.

I give the facts as I have received them; and I may add, that my patient always remunerates me in a liberal manner, and can well afford to do so.

Now, I hold it as certain that any organised confederacy for correcting our hospital abuses must spring from our own ranks; for laymen will not protect us, if we do not care to protect ourselves. Dr. Smith is probably daily robbing himself and others of his own profession, from the want of a little discrimination, such as would be exercised in the administration of any other most ordinary charity in the world. As long as unrestrained facilities for obtaining gratuitous advice are held out, so long will there be improper persons to avail themselves of them.

I inclose my card, and wish to say that I have never been to Weymouth, nor am I acquainted with any medical man in the town or neighbourhood.

I am, etc.,
An Associate.

July 10th, 1858.

DIPHTHERITIS.

Letter from J. Watmough, M.D.

Sir,—Since January 1st, 1858, I have seen several cases of diphtheritis and sore-throat, and may be allowed to state, that all cases in which leeches had been previously applied, whether in children or in adults, with one exception, proved fatal. At the commencement of the attack, I have generally found the disease arrested by full doses of calomel, with a solution of tartar emetic and Epsom salts, as recommended by Dr. Billing; and a gargle of a drachm and a half of gallic acid to twelve ounces of water, with a solution containing two scruples of nitrate of silver to the ounce of water, applied to the white patches (or in some cases ulcers); and vinegar and turpentine applied externally on flannel round the neck. If, however, symptoms of debility present, I change to quinine, ammonia, and decoction of cinchona; but I think the gallic acid gargle, with the turpentine and vinegar externally, and generous diet, with wine in some cases, of the greatest importance.

I am, etc., J. Watmough.

Pocklington, Yorkshire, July 13th, 1858.

Parliamentary Intelligence.

HOUSE OF LORDS.—Thursday, July 8th, 1858.

SALE OF POISONS BILL.

This Bill was read a third time, and passed.

HOUSE OF COMMONS.—Thursday, July 8th, 1858.

MEDICAL PRACTITIONERS BILL.

The Medical Practitioners Bill, as amended, was considered.

On Clause 43,

Mr. Hadfield moved additional words, to save practitioners who receive their diplomas in Scotland or Ireland from the payment of stamp duty a second time, should they come to England.

The Committee divided, when the numbers were:—

For the amendment	16
Against it	40
Majority	—24

The report was then agreed to.

ARMY MEDICAL OFFICERS.

Colonel North asked the Secretary of State for War whether he could state the reason why the recommendations of the Select Committee on the medical department of the army which reported on July 3rd, 1856, relative to the pay and position of the medical officers of the army had not been attended to. He put this question in consequence of the statement made the other night by the right honourable member for Wiltshire, that several regiments of the Queen had marched up the country in India unaccompanied by medical officers, and that great difficulty was experienced in finding candidates for the medical department of the army. The select committee to which he had referred had strongly recommended that increased pay and other advantages should be held out to those officers, but though two years had elapsed since that recommendation was made, it had not yet been carried into effect.

General Peel replied that, just previously to the report of the Committee of 1856 being presented, Lord Panmure had submitted to the Treasury a draught warrant laying down an increased scale of pay for the medical officers of the army. The Treasury, however, refused to sanction the warrant, and a subsequent effort on the part of Lord Panmure for the same object was equally unsuccessful in the same quarter. Under

these circumstances, although the Select Committee had reported on the subject, Lord Panmure did not think it expedient to renew his application to the Treasury again after so recent a refusal. The report presented in March last as the result of the inquiry in which the right honourable member for Wiltshire took part, and suggesting a scale of pay for medical officers similar to that which had been previously rejected, was now undergoing consideration in the War Department, and a warrant had been drawn up in order to be submitted to the Treasury, from whom he hoped it would meet with a more favourable reception.

Friday, July 9th.

MEDICAL PRACTITIONERS BILL.

This Bill was read a third time.

Monday, July 12th.

COMMITTEE OF SUPPLY.

On the vote of £2,717 for public infirmaries in Ireland,

Sir D. NORREYS suggested whether it would not be better, as they had a perfect medical system in Ireland, to transfer these infirmaries to the Poor Law Board?

Lord NAAS explained that this vote was for allowances to officers, which would be discontinued under the Medical Charities Act, when the recipients at the time of the passing of that Act ceased to hold their offices.

The vote was then agreed to, as were also the following votes for the Dublin hospitals:—Westmoreland Lock Hospital, £2,600; Rotunda Lying-in Hospital, £700; Coombe Lying-in Hospital, £200; House of Industry Hospitals, £7,600; Cork Street Fever Hospital, £2,500; the Meath Hospital, £600; St. Mark's Ophthalmic Hospital, £100; Dr. Steevens's Hospital, £1,300; £285 was also voted for the Board of Superintendence of the above hospitals.

On the vote of £7,400 for the General Board of Health,

Mr. DUNCOMBE complained that the Committee were asked to vote a whole year's salary for five months work to the Board of Health, which he rejoiced to say expired at the close of the next month. He begged at once to move that the vote be reduced by one-half.

The CHANCELLOR of the EXCHEQUER said, that the vote of last year was £11,125, while for this year the estimate was but £7,400. Not only was the salary of the President of the Board struck out, but there was a proportionate reduction in the remuneration of all the other officers.

Mr. DUNCOMBE said, as the President of the Board of Health had been transferred with £2,000 a-year to the Department of Education, that he was not to receive another salary for doing nothing was not a very strong example of self-denial.

Mr. WALPOLE said, that the existence of this Board had been prolonged from time to time by continuance bills. The Government had brought in a measure of a totally new character, which instead of centralizing all these functions in London, would localize and transfer them to different parts of the country. This reform would also be attended with very considerable economy, though he could not at that moment say what would be the amount of the saving.

Wednesday, July 14th.

MEDICAL PROFESSION AND MEDICAL CORPORATIONS BILL.

The second reading of this Bill (Mr. Duncombe's) was postponed till Wednesday next.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

In these lists, an asterisk is prefixed to the names of Members of the Association.

BIRTHS.

COOTE. On July 3rd, the wife of *Holmes Coote, Esq., Surgeon, of New Bridge Street, of a son.

HUMPAGE. On July 7th, at 3, Percy Circus, the wife of the late Edward Humpage, Esq., Surgeon, of Hackney, of a son.

RIGGALL. On July 4th, at 9, Royal Hill, Bayswater, the wife of Edward Riggall, Esq., Surgeon, of a son.

MARRIAGES.

MARSH—ROWE. Marsh, George Cuthbert, Lieutenant Madras Army, to Frances Faulkner, third daughter of the late Augustus Rowe, Esq., Surgeon, of Portsea, at Trinity Church, St. Marylebone, on July 2nd.

MOGG—WILSON. Mogg, Jacob Frederic, Esq., to Lucy Reynold, second daughter of *John Grant Wilson, Esq., Surgeon, of Clifton, Bristol, on July 6th.

SHEARWOOD—MACDERMOTT. Shearwood, William Lachlan, Esq., of Calcutta, to Emma Roe, eldest daughter of the late George MacDermott, Esq., Staff-Surgeon to H.M. Forces, at Brookfield, Highgate Rise, on July 8th.

SIMPKINS—ALLEN. Simpkins, Robert John Cotterill, Esq., son of Joseph Simpkins, Esq., of Great Stanhope Street, Bath, to Emmeline Anne Charlotte, only daughter of *George Allen, Esq., Surgeon, of Easton-in-Gordano, Somersetshire, at Clifton Church, on July 14th.

VISE—HARRISSON. Vise, Ambrose Blithe, Esq., Surgeon, of Holbeach, to Louisa, eldest daughter of the late Frederick A. Harrisson, Esq., of Holbeach, on July 13th.

YELVERTON—FORBES. Yelverton, the Hon. William Charles, Major Royal Artillery, to Emily Marianne, widow of Professor Edward Forbes, F.R.S., at the Episcopal Chapel, Trinity, near Edinburgh, on June 26th.

DEATHS.

AYRE. On July 10th, at Hull, Margaret, wife of Joseph Ayre, M.D., aged 75.

BURNETT. On July 8th, at West Brook House, Alton, Elizabeth, wife of *Charles Mountford Burnett, M.D.

ROBINS. On July 12th, Jane Rice, eldest daughter of *George Robins, Esq., Surgeon, of Charlotte Street, Fitzroy Square, aged 25.

APPOINTMENTS.

BIRD, William, Esq., elected Surgeon to the St. George's and St. James's Dispensary.

CUSACK, J. W., Esq., appointed Surgeon in Ordinary to Her Majesty in Ireland, in the room of the late Sir Philip Crampton.

MEADOWS, Alfred, M.B.Lond., elected Physician-Accoucheur to the St. George's and St. James's Dispensary.

*STALLARD, J. H., M.D., elected Physician to the St. George's and St. James's Dispensary.

WYER, Otho Francis, Esq., elected Resident Surgeon of the Warneford Hospital, Leamington.

PASS LISTS.

ROYAL COLLEGE OF PHYSICIANS. At the Comitia Majora, held on Saturday, July 10th, the following members of the College were admitted into the Fellowship:—

Dr. BRISTOWE, St. Thomas's Street, Borough
Dr. COOTE, Gloucester Place, Hyde Park
Dr. RADCLIFFE, Henrietta Street, Cavendish Square
Dr. ROBINSON, Newcastle-upon-Tyne
Dr. SCOTT, Stratton Street, Piccadilly
Dr. THOMPSON, Harley Street

ROYAL COLLEGE OF SURGEONS. MEMBERS admitted at the meeting of the Court of Examiners, on Friday, July 9th, 1858:—

BRAITHWAITE, James, Leeds
COWELL, George, Ipswich
GASCOYEN, George Edward, Army
HALL, Nathaniel Francis, Southwick, near Brighton
INMAN, Joseph Hayton, Sedbergh, Yorkshire
NEWINGTON, Robert Samuel, Goudhurst, Cranbrook, Kent
OLIVER, Richard Owen, Dolgelley, North Wales
POWELL, William Peter, Liverpool
TURNER, Thomas, Leeds
WINGATE, Robert, Hareby Spilsby, Lincolnshire
WYER, Otho Francis, Leamington Priors

APOTHECARIES' HALL. Members admitted on Thursday, July 1st, 1858:—

ALLEN, John, Longton
BRAITHWAITE, Rogers, Cumberland
DAVIS, Robert Alexander, London
DIGBY, Frederic, Maldon, Essex
VAWDREY, John Cassham, St. Agnes, Cornwall

As an Assistant:—

SIMMONS, Benjamin, Henley-on-Thames

HEALTH OF LONDON:—WEEK ENDING JULY 10TH, 1858.

[*From the Registrar-General's Report.*]

In the week ending Saturday, July 10th, the deaths registered in London were 1191. In the ten years 1848-57, the average number of deaths in the weeks corresponding with last week was 977; but as the present return is for a population which has annually increased, it can only be compared with the average when the latter has been raised in proportion to the increase, a correction which will make it 1074. The comparison shows that the mortality of last week was much higher than the average mortality in the beginning of July, for the actual result exceeded the estimated number of 117 deaths.

If the rate of mortality in London, with its population of 2,721,000 persons, were the same as that which is ascertained to rule in the healthiest districts of England, the deaths in the week would have been 799. The excess, which is the result of what may be termed the unhealthy rate, is equal to 392; and to reduce, if it be impossible to extinguish, this excess, is the problem of sanitary science.

The deaths from measles last week were numerous; they rose from 54 to 71. Diarrhœa continues to make progress; the weekly deaths from it, since it began to increase, having been 31, 54, 94, and 129. Of these 129 deaths, all except ten occurred amongst children, most of whom were infants. It may be added, that nine deaths from this complaint occurred in the sub-district of St. John, Westminster. Thirteen deaths were also caused by the cholera, which is usual in summer. Three of these cases occurred to adults, and are returned as follows:—A widow, aged 45 years, on 6th July, at 25, New Street, St. Martin's Lane, cholera (after thirty-two hours illness). A widow, aged 85 years, on 2nd July, at 5, Berkley Street, Clerkenwell, senectus, cholera (five days). A widow, aged 61 years, on 6th July, at the Workhouse, Mile End, New Town, English cholera (ten hours).

Last week, the births of 721 boys and 749 girls, in all 1470 children, were registered in London. In the ten corresponding weeks of the years 1848-57, the average number was 1414.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·653 in. The highest reading was 30·07 in., at the beginning of the week. The mean temperature of the week was 55·9°, which is less by 5·7° than the average of the same week in 43 years (as determined by Mr. Glaisher). The mean temperature was below the average on every day. The highest point attained by the thermometer in the shade was 73°, on Sunday, the 4th inst.; the lowest was 47·3°, on Wednesday; the range of the week was therefore 25·7°. The mean daily range was 20·4°. The difference between the mean dew-point temperature and air temperature was 7·2°. The mean degree of humidity of air was 79. The mean temperature of the water of the Thames was 63·3°, which is 7·4° above the mean temperature of the air. The wind, which had been previously in the south-west, blew generally from a northerly point on the last three days. Rain fell on every day, and the total amount measured was 1·37 in. There was thunder on Wednesday and Thursday.

In the thirteen weeks ending July 3rd, the deaths in London were 14,541, of which more than half were those of persons under twenty years of age. A rise of nearly 17 degrees, from 38°, which was the mean temperature of the first or winter quarter of the year, to 54·7°, that of last quarter, was accompanied by a decrease of deaths, equal to 2767, or an average of 213 weekly. The heat of last quarter was unusual; the mean temperature was higher by 2·7° than the average of nine previous spring quarters, and in none of these was it so high as that which has been now attained. The meteorological conditions of the season have not hitherto been unusually unfavourable to health; and the mortality has been below the London average, notwithstanding the prevalence of measles and whooping-cough, which were very fatal, and also of scarlatina and diarrhœa, the latter of which has been excited to premature activity. If the deaths in the quarter had been at the rate derived from the *least unhealthy* districts in England, they would have been 10,387, or less by 4,154 than the number actually registered.

Association of Medical Officers of Asylums and Hospitals for the Insane. The annual meeting will take place at Edinburgh, on Wednesday, July 28th, under the presidency of Dr. Conolly, D.C.L. The day of meeting has been fixed, in order to suit the convenience of members attending the annual meeting of the British Medical Association. The meeting will be held, by permission of the Lord Provost and Corporation of the City, in the University Buildings. The morning meeting will commence at 11 A.M., with an address from the retiring president, Dr. Forbes Winslow. The afternoon meeting will commence at 3 P.M., with an address from the president, Dr. Conolly. Several papers and communications will then be read. The Committee invite the attendance of the profession in Edinburgh. The dinner will take place at half-past seven precisely, at Barry's Hopetown Rooms, Queen Street. The Association has been honoured by Dr. Skae with an invitation to a collation at the Royal Edinburgh Asylum, Morningside, at three o'clock, on Thursday, July 29th, to be followed by an asylum ball, at seven P.M. The wards of the asylum will also be open for the inspection of the members from eleven A.M. to two P.M. Members of the profession desirous of admission into the Association are requested to communicate with the Honorary Secretary before the day of meeting. Notice of communications, and of subjects for discussion at the annual meeting, may be made to the Honorary Secretary. The rules of the Association, as adopted at the annual meeting 1855, can be had on application to the Honorary Secretary, Dr. C. Lockhart Robertson, 1, Charles Street, Berkeley Square.

TO CORRESPONDENTS.

POSTAGE OF MANUSCRIPT AND PRINTED MATTER.

Any amount of manuscript or printed matter, singly or together, provided it contains nothing in the form of a letter, is transmitted through the post, in packets *open at the ends*, at the following rates: not exceeding 4 ounces, one penny; above 4 and not exceeding 8 ounces, twopence; above 8 ounces and not exceeding 1 pound, fourpence; for every additional half-pound or under, twopence.

Members should remember that corrections for the current week's Journal should not arrive later than Wednesday.

Anonymous Correspondents should always enclose their names to the Editor; not for publication, but in token of good faith. No attention can be paid to communications not thus authenticated.

NOTICE.—Dr. Wynter will feel obliged if the Associates will address all Post Office Orders in payment of Subscriptions, to the Publisher, Mr. Thomas John Honeyman, 37, Great Queen Street, Lincoln's Inn Fields, London, W. C., "Bloomsbury Branch"; and he would also feel obliged by their sending all communications respecting the non-receipt of the Journal, to the same address; as both these matters are out of the province of the Editor.

Communications have been received from:—Mr. J. S. Bartrum; Dr. Stallard; Mr. G. M. Humphry; Dr. C. L. Robertson; An Associate; Mr. J. W. Fletcher; Dr. H. Hancox; Mr. T. Holmes; Dr. Silvester; Mr. C. Holthouse; Mr. R. V. Gorham; Mr. W. Cadge; Mr. Griffin; Mr. J. S. Gissing; Mr. D. Kent Jones; Mr. T. M. Stone; Mr. J. Lynch; Dr. R. S. Wise; Mr. T. Stiles; Mr. J. Thompson; Dr. Milner Barry; Dr. Watmough; Dr. Whitsed; An Old Member; Mr. A. T. H. Waters; Dr. W. M. Kelly; A. Z.; Dr. P. H. Williams; Mr. W. H. Hole; Dr. Henry Rooke; Mr. George Robins; Dr. D. Carmichael; Mr. G. Allen; A St. Andrew's Doctor; Mr. Vise; and Dr. Lauder Lindsay.

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